

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000079979

1. Entity Name
PETRUZZI INVESTMENTS, LLC



Principal Place of Business

12772 WOODMILL DRIVE
PALM BEACH GARDENS, FL 33418 US

Mailing Address

12772 WOODMILL DRIVE
PALM BEACH GARDENS, FL 33418 US



02132008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5405803

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON-PETRUZZI, KELLIE A
12772 WOODMILL DRIVE
PALM BEACH GARDENS, FL 33418

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME JOHNSON-PETRUZZI, KELLIE A
STREET ADDRESS 12772 WOODMILL DRIVE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE MGRM
NAME PETRUZZI, TERRY S
STREET ADDRESS 12772 WOODMILL DRIVE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE MGRM
NAME PETRUZZI, JAMES F
STREET ADDRESS 14921 96TH LANE NORTH
CITY-ST-ZIP WEST PALM BEACH, FL 33412

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000832974
02/27/08-80080-014 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/15/08 (561)
630-6414