


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000080377

1. Entity Name
SANTA CIRCLE, LLC



Principal Place of Business 7824 EMERALD CIRCLE, UNIT 101 NAPLES, FL 34109	Mailing Address 7824 EMERALD CIRCLE, UNIT 101 NAPLES, FL 34109
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DO NOT WRITE IN THIS SPACE



07082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTAGATA, HERBERT
 7824 EMERALD CIRCLE, UNIT 101
 NAPLES, FL 34109

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANTAGATA, HERBERT 7824 EMERALD CIRCLE, UNIT 101 NAPLES, FL 34109
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U00000954820
 07/14/08-80015-017 138.75

SIGN HERE

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 008, Florida Statutes.

SIGNATURE: Herbert Santagata Date: 7/9/08 Daytime Phone #: 40580-7847

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