

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081196

FILED
Jan 18, 2008
Secretary of State

Entity Name: CANGIALOSI MANAGEMENT LLC

Current Principal Place of Business:

27499 RIVERVIEW CENTER BLVD
126
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

27499 RIVERVIEW CENTER BLVD
126
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 20-5495470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWER, HOLLY A ESQ
12800 UNIVERSITY DRIVE STE 260
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CANGIALOSI, GIUSEPPE
Address: 27499 RIVERVIEW CENTER BLVD STE. 126
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGRM () Delete
Name: CANGIALOSI, VINCENZO
Address: 27499 RIVERVIEW CENTER BLVD. STE 126
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGRM () Delete
Name: CANGIALOSI, ANTONINO
Address: 27499 RIVERVIEW CENTER BLVD STE. 126
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GIUSEPPE CANGIALOSI

MGRM

01/18/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date