

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084109

FILED
Apr 29, 2009
Secretary of State

Entity Name: FERRENTINO INVESMENTS, LLC

Current Principal Place of Business:

5110 BLUEBERRY ACRES
DELEON SPRINGS, FL 32130

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1116
DELEON SPRINGS, FL 32130

New Mailing Address:

FEI Number: 20-5679265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRENTINO, PETER
5110 BLUEBERRY ACRES
DELEON SPRINGS, FL 32130 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: FERRENTINO, PETER
Address: 5110 BLUEBERRY ACRES
City-St-Zip: DELEON SPRINGS, FL 32130

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FERRENTINO, PETER
Address: P.O. BOX 1116
City-St-Zip: DELEON SPRINGS, FL 32130

Title: TRES () Change (X) Addition
Name: OUTZEN, PAUL
Address: P.O. BOX 1218
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: SEC () Change (X) Addition
Name: OUTZEN, PAULA
Address: P.O. BOX 1116
City-St-Zip: DE LEON SPRINGS, FL 32130

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: PETER FERRENTINO

MGRM

04/29/2009

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