

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 29, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000089816

1. Entity Name
MORETTI'S ITALIAN GRILL II, LLC



Principal Place of Business
**308 CULTURAL PARK BLVD.,
APT. # A
CAPE CORAL, FL 33990 US**

Mailing Address
**308 CULTURAL PARK BLVD.,
APT. # A
CAPE CORAL, FL 33990 US**



05162008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-5852942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MORETTI, LUCIANO
308 CULTURAL PARK BLVD.,
APT. # A
CAPE CORAL, FL 33990**

**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 reappointing)

DATE _____

**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
**MGR
MORETTI, LUCIANO
803 CULTURAL PARK BLVD APT A
CAPE CORAL, FL 33990**

TITLE
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CITY-ST-ZIP

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U000000952406
06/04/08-80075-014 138.75

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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 included in 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 #