

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2007 8:00 am
Secretary of State

07-19-2007 90042 033 ****50.00

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07102007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000091264					
1. Entity Name TINA DE LEO AGENCY, LLC					
Principal Place of Business 82 CORNELIUS BLVD. PORT CHARLOTTE, FL 33953 US			Mailing Address 82 CORNELIUS BLVD. PORT CHARLOTTE, FL 33953 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5622010	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DE LEO, JOSEPH 82 CORNELIUS BLVD. PORT CHARLOTTE, FL 33953				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
DE LEO, JOSEPH 82 CORNELIUS BLVD. PORT CHARLOTTE, FL 33953				FL Zip Code	
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: <u>Joseph De Leo</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>7/16/07</u>					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE LEO, JOSEPH 82 CORNELIUS BLVD. PORT CHARLOTTE, FL 33953		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE LEO, JOSEPH 82 CORNELIUS BLVD. PORT CHARLOTTE, FL 33953		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE LEO, JOSEPH 82 CORNELIUS BLVD. PORT CHARLOTTE, FL 33953		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE LEO, JOSEPH 82 CORNELIUS BLVD. PORT CHARLOTTE, FL 33953		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE LEO, JOSEPH 82 CORNELIUS BLVD. PORT CHARLOTTE, FL 33953		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE LEO, JOSEPH 82 CORNELIUS BLVD. PORT CHARLOTTE, FL 33953		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE LEO, JOSEPH 82 CORNELIUS BLVD. PORT CHARLOTTE, FL 33953		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Joseph De Leo</u> DATE: <u>7/16/07</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					