


**2008 LIMITED LIABILITY COMPANY  
ANNUAL-REPORT**

**FILED**  
**Mar 28, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L06000100232</b> 1. Entity Name <b>CIACCIO &amp; SONS, LLC</b>	
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Principal Place of Business <b>5303 BUSCH BOULEVARD TEMPLE TERRACE, FL 33617 US</b>	Mailing Address <b>5303 BUSCH BOULEVARD TEMPLE TERRACE, FL 33617 US</b>
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**DO NOT WRITE IN THIS SPACE**



03182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-5716581</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>LOPEZ, AL R JR. 4600 W. CYPRESS STREET 500 TAMPA, FL 33607</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

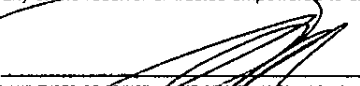
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

4000000872956  
04/10/08-80059-005 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CIACCIO, JOSEPH N 317 S. GLEN ARVEN AVENUE TEMPLE TERRACE, FL 33617</b>
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**DO NOT WRITE  
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 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:**  **Joe Ciaccio** **3/24/08** **(813)985-7449**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #