

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 30, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90204 019 \*\*\*138.75

**DOCUMENT # L06000110209**

1. Entity Name  
**SORRENTO ITALIAN RESTAURANT, LLC**



Principal Place of Business  
**4050 SOUTH RIDGEWOOD AVENUE  
PORT ORANGE, FL 32127 US**

Mailing Address  
**4050 SOUTH RIDGEWOOD AVENUE  
PORT ORANGE, FL 32127 US**

**30010056**



04252008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-8037810**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HAUGHWOUT HOLDINGS, LLC  
145 EAST RICH AVENUE  
SUITE A  
DELAND, FL 32272-4**

**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 reinstating)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	MARZ, JONATHAN M
STREET ADDRESS	937 MEADOW VIEW, UNIT E
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	MGRM
NAME	HAUGHWOUT HOLDINGS, LLC
STREET ADDRESS	145 EAST RICH AVENUE, SUITE A
CITY-ST-ZIP	DELAND, FL 32724
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**6-25-8**

**386-736-0227**

**LLC**