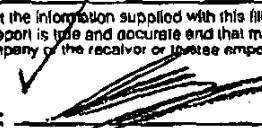


FILED
Mar 07, 2008 8:00 am
Secretary of State

01-31-2008 90065 027 ***138.75

**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L06000110976			
1. Entity Name CASA ITALIA, LLC			
Principal Place of Business 10800 CORKSCREW ROAD, #110 ESTERO, FL 33928		Mailing Address 10800 CORKSCREW ROAD, #110 ESTERO, FL 33928	
2. Principal Place of Business - No P.O. Box # 10800 Corkscrew Rd		3. Mailing Address 10800 Corkscrew Rd	
Suite, Apt. #, etc. # 250		Suite, Apt. #, etc. # 250	
City & State ESTERO FL		City & State ESTERO FL	
Zip FL 33928	Country USA	Zip 33928	Country USA
4. Name and Address of Current Registered Agent KYLE, KEVIN A 1380 ROYAL PALM SQUARE BLVD. FORT MYERS, FL 33919		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. 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 re-stamping) DATE _____			
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$338.75		Make check payable to Florida Department of State	
8. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PANCARO, OSVALDO R JR. 10800 CORKSCREW ROAD, #110 ESTERO, FL 33928 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition TATIANA PANCARO MANAGING MEMBER 10800 CORKSCREW RD # 250 ESTERO FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		Date 4/15/08 739-275-7766	
SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

30001400



01242008 Chg-LLC CR2E083 (12/08)