03/01/2008 12:20 239-390-2074 CASA ITAI

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Mar 07, 2008 8:00 am
Secretary of State
01-31-2008 90065 027 ***138.75

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2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000110976

1. Entity Name
CASA ITALIA, LLC

01242008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
10800 CORKSCREW ROAD, #110 ESTERO, FL 33928	10800 CORKSCREW ROAD, #110 ESTERO, FL 33928

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
10800 Corkscrew Rd		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. FEI Number 20-5891459 ☐ Applied For ☐ Not Applicable

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

6. 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

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

Make check payable to Florida Department of State

9. 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	Tatiana Pancaro Managing Member 10800 Corkscrew Rd # 250 Estero FL 33928	☐ 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
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: [signature] 1/25/08 239-275-7766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #