


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 31, 2007 8:00 am**  
**Secretary of State**

07-20-2007 90040 015 \*\*\*\*50.00

<b>DOCUMENT # L07000002805 -</b> 1. Entity Name <b>JEANNE ANNE MARIE DE SARIO L.L.C</b>					
Principal Place of Business <b>202-THIRD AVE SW RUSKIN FL 33570</b>			Mailing Address <b>202-THIRD AVE SW RUSKIN FL 33570</b>		
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 <b>74-3229033</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DE SARIO, JEANNE A 202-THIRD AVE SW RUSKIN FL 33570</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 reappointing) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 5, 2007</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR DE SARIO, JEANNE A 202-THIRD AVE SW RUSKIN FL 33570</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 606, Florida Statutes.					
<b>SIGNATURE:</b> <i>Jeanne A De Sario</i>			Date: <b>7/17/07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone # <b>813 645-8669</b>		



# Internal Revenue Service

DEPARTMENT OF THE TREASURY

ATTACHMENT

The Digital Daily

Form SS-4

Federal Tax ID / EIN

74-3229033

<b>Form SS-4</b> (Rev. December 2001) Department of the Treasury Internal Revenue Service		<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN  OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested <b>JEANNE ANNE MARIE DE SARIO LLC</b>					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name <b>JEANNE A. DE SARIO</b>		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) <b>202-THIRD AVE S.W.</b>			5a Street address (if different) (Do not enter a P.O. box) <b>202-THIRD AVE S.W.</b>		
4b* City, state, and ZIP code <b>RUSKIN FL 33570</b>			5b City, state, and ZIP code <b>RUSKIN</b>		
6* County and state where principal business is located County <b>HILLSBOROUGH</b> State <b>FL</b>					
7a Name of principal officer, general partner, grantor, owner, or trustor <b>JEANNE DE SARIO</b>			7b SSN, ITIN, EIN <b>569-08-8165</b>		
8a* Type of entity (check only one)					
<input checked="" type="radio"/> Sole Proprietor (SSN) <b>569-08-8165</b> <input type="radio"/> Estate (SSN of decedent)					
<input type="radio"/> Partnership					
<input type="radio"/> Corporation (enter form number to be filed) ▶					
<input type="radio"/> Personal Service					
<input type="radio"/> Church or church-controlled organization					
<input type="radio"/> Other nonprofit organization (specify) ▶					
<input checked="" type="radio"/> Other (specify) ▶ <b>Small Business - SINGLE MEMBER LLC</b>					
8b If a corporation, name the state or foreign country (if applicable) where incorporated State <b>FL</b> Foreign country					
9* Reason for applying (check only one)					
<input checked="" type="radio"/> Started new business (specify type) ▶ <b>LLC</b> <input type="radio"/> Banking purpose (specify purpose) ▶					
<input type="radio"/> Hired employees (Check the box and see line 12)					
<input type="radio"/> Compliance with IRS withholding regulations					
<input type="radio"/> Other (specify) ▶ <b>TIC DISTRIBUTION</b>					
10* Date business started or acquired (month, day, year) <b>01 01 06</b>					
11 Closing month of accounting year <b>12</b>					
12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ <b>12 30 06</b>					
13 Highest number of employees expected in the next twelve months Note: If the applicant does not expect to have any employees during the period, enter "-0-" ▶ <b>0</b>					
14* Check box that best describes the principal activity of your business					
<input type="radio"/> Construction <input type="radio"/> Rental & leasing <input type="radio"/> Transportation & warehousing <input type="radio"/> Health care & social assistance <input type="radio"/> Wholesale-agent/broker <input checked="" type="radio"/> Real estate <input type="radio"/> Manufacturing <input type="radio"/> Finance & insurance <input type="radio"/> Accommodation & food service <input type="radio"/> Wholesale-other <input type="radio"/> Other (specify)					
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <b>REAL ESTATE</b>					
16a* Has the applicant ever applied for an employer identification number for this or any other business? ..... <input type="radio"/> Yes <input checked="" type="radio"/> No					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶					

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# L07000002805

Trade name ▶		
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.		
Approximate date when filed (month, day, year)	City and state where filed	
<input type="text"/>	<input type="text"/>	
Previous EIN		
<input type="text"/>		
Third Party Designee	Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form	
	Designee's name	Designee's telephone number (include area code)
	Address and ZIP code	( ) -
		Designee's fax number (include area code)
		( ) -
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code)
Name and title (type or print clearly)		(813) 601-9338
Signature ▶ Not Required		Applicant's fax number (include area code)
Date ▶ December 07, 2006 GMT		(813) 645-5669
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N		
Form SS-4 (Rev. 12-2001)		



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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

JEANNE ANNE MARIE DE SARNO

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Jeanne Anne Marie De Sarno L.L.C.  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JEANNE ANNE MARIE DE SARNO L.L.C.  
Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)