

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State

05-14-2008 90079 044 ***138.75

DOCUMENT # L07000007669 1. Entity Name LA PIAZZA, LLC			
Principal Place of Business 17253 CAPE HORN BLVD. PUNTA GORDA, FL 33955		Mailing Address 17253 CAPE HORN BLVD. PUNTA GORDA, FL 33955	
2. Principal Place of Business - No P.O. Box # 2705 Tamiami Trl Suite, Apt. #, etc. Unit 216 City & State Punta Gorda FL Zip 33950 Country USA		3. Mailing Address 2705 Tamiami Trl Suite, Apt. #, etc. Unit 216 City & State Punta Gorda FL Zip 33950 Country USA	
4. FEI Number 30-8285079		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04092008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 _____ (NOTE: Registered Agent signature required when resigning) 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 PAPA, MICHELE 17253 CAPE HORN BLVD. PUNTA GORDA, FL 33955	☐ Delete	☒ Change ☐ 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 608, Florida Statutes.			
SIGNATURE: <u>Michele Papa</u> <u>michele Papa</u>		Date <u>4/21/08</u> Daytime Phone # <u>941-639-0006</u>	