

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000015166

Entity Name: MARK A PISCIOTTA LLC

FILED
Jul 09, 2008
Secretary of State

Current Principal Place of Business:

305 5TH ST
SATSUMA, FL 32189

New Principal Place of Business:

234 WHITNEY STREET
SATSUMA, FL 32189

Current Mailing Address:

305 5TH ST
SATSUMA, FL 32189

New Mailing Address:

234 WHITNEY STREET
SATSUMA, FL 32189

FEI Number: 83-0473081 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HAENFLER, JAMES A
20 N SUMMIT STREET
CRESCENT CITY, FL 32112 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PISCIOTTA, MARK A
Address: 305 5TH STREET
City-St-Zip: SATSUMA, FL 32112

Title: MGRM () Delete
Name: CUMBERLEDGE, MARK A
Address: PO BOX 451
City-St-Zip: POMONA PARK, FL 32181

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PISCIOTTA, MARK A
Address: 234 WHITNEY ST
City-St-Zip: SATSUMA, FL 32189

Title: MGRM (X) Change () Addition
Name: KNAB, GEORGE
Address: 102 FRAN LN
City-St-Zip: SATSUMA, FL 32189

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK A PISCIOTTA

MGRM

07/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date