

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000042279

Entity Name: ITALO IMPORTS, L.L.C.

FILED
Jul 21, 2008
Secretary of State

Current Principal Place of Business:

19839 MICHIGAN AVE
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

19839 MICHIGAN AVE
ODESSA, FL 33556

New Mailing Address:

FEI Number: 20-8878526 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:

TUCKER, LYNN S
19839 MICHIGAN AVE
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

TUCKER, JOHN G VP
19839 MICHIGAN AVE
ODESSA, FL 33556 US

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: JOHN TUCKER

07/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TUCKER, LYNN S
Address: 19839 MICHIGAN AVE
City-St-Zip: ODESSA, FL 33556

Title: MGR () Delete
Name: TUCKER, JOHN G
Address: 19839 MICHIGAN AVE
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TUCKER, LYNN S PRES.
Address: 19839 MICHIGAN AVE
City-St-Zip: ODESSA, FL 33556

Title: MGR (X) Change () Addition
Name: TUCKER, JOHN G V.P.
Address: 19839 MICHIGAN AVE
City-St-Zip: ODESSA, FL 33556

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: JOHN TUCKER

VP

07/21/2008

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