

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90055 033 ***138.75

DOCUMENT # L07000061870

1. Entity Name
CANETTA, LLC



Principal Place of Business
**18720 GULF BLVD. #2A
INDIAN SHORES, FL 33878**

Mailing Address
**18720 GULF BLVD. #2A
INDIAN SHORES, FL 33878**

2. Principal Place of Business - No P.O. Box #

18720 GULF BLVD

3. Mailing Address

Suite, Apt. #, etc.

4A

Suite, Apt. #, etc.

City & State

INDIAN SHORES FL

City & State

Zip

33785

Country

USA

Zip

Country

04152008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

26-0437821

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PIPPEN, JOSEPH F ESQ
10225 ULMERTON ROAD, BUILDING 11
LARGO, FL 33771**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CANETTA, JOSEPH L
18720 GULF BLVD. #2A
INDIAN SHORES, FL 33878** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CANETTA, MARIANNE D
18720 GULF BLVD. #2A
INDIAN SHORES, FL 33878** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ 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:

Joseph L. Canetta JOSEPH L. CANETTA

4-22-08

727 596 4168

727 644 9594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #