## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L07000062703



FILED May 05, 2008 8:00 am Secretary of State

1. Entity Name MARISSI ENTERPRISES, LLC						05-05-2008	90029 00	)5 ***13	8.75	
Principal Place	e of Business		Mailing Address		_					
			2786 JARVIS CIRCLE Palm Harbor, Fl. 34683							
Principal Place of Business - No P.O. Box #     3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.		05012008	Chg-LLC	CR2E08	3 (12/06)		
City & State		City & State		4. FEI Numb	371947	7		plied For t Applicable		
Zip	Zip Country		Zip	Country		of Status Desired		5.00 Add	itional d	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
BRUM, LUCIA A 2786 JARVIS CIRCLE					Name  Street Address (P.O. Box Number is Not Acceptable)					
PALM HARBOR, FL 34683										
				City	<u></u>	····	FL	Zip Code	e	
	named entity submits t ions of registered agen		he purpose of changing its	s registered office or reg	istered agent, or bo	th, in the State of Flo	orida. I am fa	miliar with,	and accept	
SIGNATURE .	Signature, typed or printed nam		ON The standard of the standar	T. Desirence d & sent size at an annual service and a sent size at a service at a sent size at a service at a	disk in-adapta-1		DATE			
	Signature, typed or printed nam	e orregistereo agem and	LIGHT II ADDRECATORS. (NO.)	E: Registered Agent signature rec	tured when reinstating)		DAIE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							e check pa a Departme			
						5			P#5 (1.1)	
9.	MAN	AGING MEMBERS	S/MANAGERS	10.		ADDITIONS	/CHANGES	ille jitua		
TITLE	MGRM	AGING MEMBERS	S/MANAGERS	TIFLE		ADDITIONS		☐ Change	Addition	
TITLE NAME	MGRM BRUM, LUCIA A			TIFLE NAME		ADDITIONS		☐ Change	Addition	
TITLE	MGRM	CLE		TIFLE		ADDITIONS		☐ Change	Addition	
TITLE NAME STREET ADDRESS	MGRM BRUM, LUCIA A 2786 JARVIS CIRC	CLE		TIFLE NAME STREET ADDRESS		ADDITIONS,		☐ Change	Addition Addition	
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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: K JUUG SUMMA STATEMENT OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE