

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000062703

FILED
May 19, 2009
Secretary of State

Entity Name: MARISSI ENTERPRISES, LLC

Current Principal Place of Business:

2786 JARVIS CIRCLE
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

2786 JARVIS CIRCLE
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 26-0371947 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:

BRUM, LUCIA A
2786 JARVIS CIRCLE
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

BRUM, LUCIA M
2786 JARVIS CIRCLE
PALM HARBOR, FL 34683 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: LUCIA M BRUM

05/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BRUM, LUCIA A
Address: 2786 JARVIS CIRCLE
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM () Delete
Name: BRUM, VIRGINIO M
Address: 2786 JARVIS CIRCLE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BRUM, LUCIA M
Address: 2786 JARVIS CIRCLE
City-St-Zip: PALM HARBOR, FL 34683

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LUCIA BRUM

MMBR

05/19/2009

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