

LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90069 005 ***138.75

DOCUMENT # **L 07000090487**

1. Entity Name
**JOSEPH CARRANO + ASSOC. INVESTIGATION
AGENCY, LLC**



DO NOT WRITE IN THIS SPACE

60009746

CR2E083B (12/07)

2. Principal Place of Business - No P.O. Box #
927 E. NEW HAVEN AVE.
Suite, Apt. #, etc.
202

3. Mailing Address
927 E. NEW HAVEN AVE
Suite, Apt. #, etc.
202

City & State
MELBOURNE FL.

City & State
MELBOURNE FL.

Zip
32901

Country
BREVARD

Zip
32901

Country
BREVARD

4. FEI Number
75-3252943

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. **DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JOSEPH CARRANO

Street Address (P.O. Box Number is Not Acceptable)
927 E NEW HAVEN AVE

Suite 202

City
MELBOURNE

FL

Zip Code
32901

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

January 1 - May 1 Fee is \$138.75
After May 1, Fee is \$538.75
Amended AR is \$50.00
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT - MGR JOSEPH CARRANO 358 FLEMING STREET SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - MGR JOSEPH E. CARRANO 8166 101st AVE VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10.

**DO NOT WRITE
IN THIS SPACE**

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 Carrano, MGR JOSEPH CARRANO** **2-14-08** **321723-0120**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #