

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/3

FILED
May 12, 2008 8:00 am
Secretary of State

03-31-2008 90268 043 ***138.75

DOCUMENT # L07000098383

1. Entity Name
PERRONE CATALINA ISLE LLC



Principal Place of Business
585 N COURTENAY PKWY
SUITE 302
MERRITT ISLAND, FL 32953

Mailing Address
585 N COURTENAY PKWY
SUITE 302
MERRITT ISLAND, FL 32953

30000100



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

90-0365248

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERRONE, RALPH SR
585 N COURTENAY PKWY
SUITE 302
MERRITT ISLAND, FL 32953

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 translating)

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

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME PERRONE, RALPH SR
STREET ADDRESS 585 N COURTENAY PKWY SUITE 302
CITY-ST-ZIP MERRITT ISLAND, FL 32953

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

TITLE MGR ☐ Delete
NAME PERRONE, CYNTHIA
STREET ADDRESS 585 N COURTENAY PKWY SUITE 302
CITY-ST-ZIP MERRITT ISLAND, FL 32953

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 606, Florida Statutes.

SIGNATURE:

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

2/9/08 321-454-3393

Date

Daytime Phone #