

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000103608

FILED  
May 05, 2009  
Secretary of State

Entity Name: JAIME R. GIRGENTI, LLC

**Current Principal Place of Business:**

611 S. FORT HARRISON SUITE 314  
CLEARWATER, FL 33756 US

**New Principal Place of Business:**

611 S. FORT HARRISON SUITE  
314  
CLEARWATER, FL 33756 US

**Current Mailing Address:**

611 S. FORT HARRISON SUITE 314  
CLEARWATER, FL 33756 US

**New Mailing Address:**

611 S. FORT HARRISON SUITE  
314  
CLEARWATER, FL 33756 US

FEI Number: 38-3770950

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GIRGENTI, JAIME R  
250 CLEVELAND AVENUE  
LARGO, FL 33770 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GIRGENTI, JAIME R  
Address: 611 S. FORT HARRISON SUITE 314  
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGRM ( ) Delete  
Name: GIRGENTI, GREGORY T  
Address: 611 S. FORT HARRISON SUITE 314  
City-St-Zip: CLEARWATER, FL 33756 US

**ADDITIONS/CHANGES:**

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

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: JAIME R. GIRGENTI

MGRM

05/05/2009

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