

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90262 003 \*\*\*138.75

**DOCUMENT # L07000110687**

1. Entity Name  
**THE CANNISTRA COLLECTION, LLC**



Principal Place of Business  
**4235 ORTEGA FOREST DRIVE  
JACKSONVILLE, FL 32210**

Mailing Address  
**4235 ORTEGA FOREST DRIVE  
JACKSONVILLE, FL 32210**

**60018022**



2. Principal Place of Business - No P.O. Box #  
**4232 Ortega Forest Drive**

3. Mailing Address  
**4232 Ortega Forest Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122008 Chg-LLC CR2E083 (12/06)

City & State  
**Jacksonville, Florida**

City & State  
**Jacksonville, Florida**

4. FEI Number  
**26-1361095**

Applied For  
Not Applicable

Zip  
**32210**

Country  
**USA**

Zip  
**32210**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**CANNISTRA, ANDREW  
4235 ORTEGA FOREST DRIVE  
JACKSONVILLE, FL 32210**

**7. Name and Address of New Registered Agent**

Name  
**Andrew Cannestra**

Street Address (P.O. Box Number is Not Acceptable)  
**4232 Ortega Forest Drive**

City  
**Jacksonville** **FL** Zip Code  
**32210**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/21/2008**

**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**

TITLE  
**MGRM** ☐ Delete  
NAME  
**CANNISTRA, ANDREW**  
STREET ADDRESS  
**4235 ORTEGA FOREST DRIVE**  
CITY-ST-ZIP  
**JACKSONVILLE, FL 32210**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE  
**MGRM** ☒ Change ☐ Addition  
NAME  
**Andrew Cannestra**  
STREET ADDRESS  
**4232 Ortega Forest Drive**  
CITY-ST-ZIP  
**Jacksonville, Florida 32210**

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

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

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

TITLE  
NAME ☐ Change ☐ Addition  
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 608, Florida Statutes.

**SIGNATURE:**

*[Signature]*

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

**ANDREW F. CANNISTRA, MGRM**

**3/21/2008**

Date

**(904) 389-0348**

Daytime Phone #