

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121999

Entity Name: GIOLINA LLC

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

5821 SW 116TH PLACE RD  
OCALA, FL 34476

## New Principal Place of Business:

1720 SW 108 LANE  
UNIT #C  
OCALA, FL 34476

## Current Mailing Address:

P.O. BOX 772403  
OCALA, FL 34477

## New Mailing Address:

1720 SW 108 LANE  
UNIT #C  
OCALA, FL 34476

FEI Number: 80-0140923      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

CAMPBELL, ALVERANO D  
5821 SW 116TH PLACE RD  
OCALA, FL 34476      US

## Name and Address of New Registered Agent:

CAMPBELL, ALROMEO M  
1720 SW 108 LANE  
UNIT #C  
OCALA, FL 34476      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: ALROMEO CAMPBELL

05/01/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: CAMPBELL, ALVERANO D  
Address: 5821 SW 116TH PLACE RD  
City-St-Zip: Ocala, FL 34476

Title: MGRM      ( ) Delete  
Name: CAMPBELL, ALROMEO M  
Address: 5821 SW 116TH PLACE RD  
City-St-Zip: Ocala, FL 34476

## ADDITIONS/CHANGES:

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

Title: MGRM      (X) Change ( ) Addition  
Name: CAMPBELL, ALROMEO M  
Address: 1720 SW 108 LANE  
City-St-Zip: Ocala, FL 34476

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: ALROMEO CAMPBELL

MGRM

05/01/2009

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