## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L07000127419

1. Entity Name ITALIANO-FLORIO, LLC



FILED Apr 24, 2008 8:00 am Secretary of State

04-24-2008 90016 039 \*\*\*138.75

			1/3						
Principal Place of Business 3413 BEACH DRIVE TAMPA, FL 33629		Mailing Address P.O. BOX 1589 ELFERS, FL 34680							
2 Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			03252008	Chg-LLC	CR2E0	83 (12/06)	
City & State		City & State			4. FEI Numb	er 1664557		<u> </u>	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate	e of Status Desired		\$5.00 Add Fee Required	
6. Name and Address of Current Registered Agent					7. Name and	d Address of New F	Registered A	lgent	
ITALIANO ANTHONY COD				Name					
3413 BEAG TAMPA, F		Street Address (			P.O. Box Number is Not Acceptable)				
	2 00020								
			Cit	ty	FL Zip Code			9	
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									
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	: NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.7!			Make check payable to Florida Department of State					
9. MANAGING MEMBER		S/MANAGERS 10.			ADDITIONS	/CHANGES			
TITLE	MGRM	MGRM Delete						☐ Change	Addition
NAME CTOSET ADDOCCO	ITALIANO, ANTHONY S SR.		NAME Street adi	prec					
STREET ADDRESS CITY-ST-ZIP	3413 BEACH DRIVE TAMPA, FL 33629		CITY-ST-Z						
TITLE	Delete		TITLE	MGI	RM ☐ Change 🗓			Addition	
NAME			NAME	FLOT	RIO, ROBERT C 750 US HWY 19 N, UNIT 2135				
STREET ADDRESS CITY-ST-ZIP			STREET ADI	DRESS 367	36750 US HWY 19 N, UNIT 2135 PALM HARBOR, FL. 34684				
			TITLE	PALI	M HAKBOI	C, FL 3463	<u> </u>	Change	Addition
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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: Authory S. Italiano Sv. 4/9/08 813-420-5680
SIGNATURE and typed or printed place of signing managing member, manager, or authorized representative Dato Dayling Phone #