2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000127420

1. Entity Name ITALIANO-SPRINGSTEEN, LLC



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

04-24-2008 90016 040 ***138.75

Main place of Business	TIALIANO-OF RINGO FEEN, EEO									
Suite, Apt. #, etc. Cry & State Cry &	3413 BEACH DRIVE		P.O. BOX 1589			00004000				
Suite, Apt. #, etc. City & State	· <u>······</u>		Lo Maria Adda							
Coy & State	2. Principal Place of Business - No P.O. Box #		3. Mailing Address				1181 11810 1011 1081 61018 1181 1 81			
County Z/p County Z/p County Status Desired	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03252008	Chg-LLC	CR2E083 (12/06)			
	City & State		City & State							
Name	Zip	Country	Zip	Country						
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable in The Num		6. Name and Address of Current	Registered Agent		7. Name an	Address of New	Registered Agent			
Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code	ITALIANO.	ANTHONY S SR.								
This above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with. and accept the obligations of registered agent. SIGNATURE Mark Symalus, lyyadr o printed name of registered agent and the if applications. (NOTE: Proplement Appert agreement when remainancy) Part Mark Ma				Street Addre	ess (P.O. Box Numb	per is Not Acceptab	ole)			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu	,									
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### PILE NOW!!! FEE IS \$138.75 9. MANAGING MEMBERS Delete THE NAME STRET ADDRESS CITY-ST-ZIP TITLE	SIGNATURE									
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES Addition Mark MARK		Signature, typeo or printed name or registered agent	and use it approaches. (1901). 19	agistivo rigorit agriculari re	Applied Wildliff Tolling					
TITLE MAME ITALIANO, ANTHONY S SR. 3413 BEACH DRIVE TAMPA, FL 33629 TITLE MAME STREET ADDRESS CITY-ST-ZP								9		
NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP	9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS	S/CHANGES			
TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE MAME STRET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	ITALIANO, ANTHONY S SR. 3413 BEACH DRIVE	☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition		
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	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP						

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 Staliono Authory 5. Italiano 5v. 4/9/08 813-920-5680 SIGNATURE AND TYPED OR PROPRED MANAGEN GENERAL MANAGER, OR AUTHORIZED REPRESENTATIVE DEG DOGGE DOGGENO PROPRED PROPRED IN THE PROPRED PROPRED