2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# L08000082832

Entity Name: SEXTON AND CRIOLLO LIMITED, LLC

Current Principal Place of Business:

13310 NORTH 56TH STREET
TEMPLE TERRACE, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

13310 NORTH 56TH STREET
TEMPLE TERRACE, FL 33617 US

New Mailing Address:

FEI Number: 80-0243936 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEXTON, WANDA F
13310 NORTH 56TH STREET
TEMPLE TERRACE, FL 33617 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: MGR ( ) Delete
Name: SEXTON, WANDA F
Address: 13310 N 56TH STREET
City-St-Zip: TEMPLE TERRACE, FL 33617 US

Title: MGRM ( ) Delete
Name: SEXTON, NORMAN E JR.
Address: 13310 NORTH 56TH STREET
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: MGRM ( ) Delete
Name: CRIOLLO, CHRISTOPHER M
Address: 4505 W SAN MIGEL STREET
City-St-Zip: TAMPA, FL 33629 US

ADDITIONS/CHANGES:

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

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: NORMAN E SEXTON JR MGRM 04/17/2009

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