2000 UNIFORM BUSINESS REPORT (UBR)										
DOCUMENT # L9600000229								· ca		
1. Entity Name ACQUA AZZURO ENTERPRISES, L.C.						SECRETARY OF STATE DIVISION OF CORPORATIONS				
AOGOA AZZONO ENTENFRISES, L.O.										
Principal Plac			00 SEP 26 AM II: 02							
10568 WHOO	PING CRANE	WAY	10568 WHOOPING CRANE WAY				- o			
PALM CITY F	L 34990		PALM CITY FL 34990			- 7				
2. Principal Place of Business			3. Mailing Address /610 NGW 4164W/M			11	aanian aib iaila aiki abin (8 01 14 00 111 00 114	##### #### #	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State FARMINGOME NY			4. FEI Nu	mber 65-065027	9	<u> </u>	oplied For ot Applicable
Zip -		- Country	-Zip 11735	.Country	-	5. Certific	ate of Status Desired	· - 🛮	\$5.00 Add	
B. Name and Address of Current Registered Agent						7. Name	and Address of New	Registered A		
COPPOR	Name	· -								
CORPOR 1201 HAY	Street	Address (P.0	O. Box Nur	mber is Not Acceptabl	e)					
TALLAHA			:							
	City				FL	Zip Cod	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.										
SIGNATURE Signature, typed or printed neme of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	prince house, registered agents				<u>' </u>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of										į
9. MANAGING MEMBERS			RS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE	MEM	MOULE	☐ Delete	TITLE	4:	MCA	MICHARZ		Change	☐ Addition
NAME STREET ADDRESS	1), MICHAEL RT NO DRIVE	•	NAME Street address	19 8	20511	MICHAEL L LA.			ļ
CITY-ST-ZIP	MELVILLE			CITY-ST-ZIP			WHOET, NY	1178	1	
TITLE	MEM		☐ Delete	TITLE		MOO	M		Change	☐ Addition
NAME STREET ADDRESS), JOSEPH K		NAME STREET ADDRESS	12 00	eromi	OSOPUK. DU BEPCU LI	,		į
CITY-ST-ZIP _	MELVILLE	RT NO DRIVE NY 11747					-NY- 1/7			
TITLE		MCRM	☐ Delete	TITLE					☐ Change	Addition
NAME	POSILLICO			NAME						
STREET ADDRESS CITY-ST-ZIP	15 BEAUX ARTS LANE HUNTINTON BAY NY 11743			STREET ADDRESS CITY-ST-ZIP						
TITLE 4 MCKM			☐ Delete	TITLE	 	Č	2000034	4083	1 change	- Addition
NAME POSILLICO, JOSEPH D III				NAME			-09/28	/008:	10860	10
STREET ADDRESS 15 BEAUX ARTS LANE CITY-ST-ZIP HUNTINGTON BAY NY 11743				STREET ADDRESS			*************************************	50.00	*****5().00
	HUNTINGT	ON BAY NY 11743	FT 6.1.2	CITY-ST-ZIP	 		<u></u>		Charac	T Addition
TITLE			☐ Delete	TITLE NAME					Change	☐ Addition
CTOCCT ADDOCCC	₹.			DEPLET ADDRESS	1					1

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 filmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

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