

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000001279**

1. Entity Name  
**A. F. PETAGNA, L.L.C.**



Principal Place of Business  
**2007 BAYVIEW DR.  
TIERRA VERDE, FL 33715**

Mailing Address  
**2007 BAYVIEW DR.  
TIERRA VERDE, FL 33715**



01052007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**43-4889032**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PETAGNA, ALICE F  
2007 BAYVIEW DR.  
TIERRA VERDE, FL 33715**

**DO NOT WRITE  
IN THIS SPACE**

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: *John C. Petagna*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **1/5/07**

**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000578338

01/08/07-80025-012 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM PETAGNA, ALICE F 2007 BAYVIEW DR. TIERRA VERDE, FL 33715</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR PETAGNA, JOHN C 2007 BAYVIEW DR. TIERRA VERDE, FL 33715</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *John C. Petagna*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date **1/5/07**

Daytime Phone # **727-803-8659**