

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000006054

1. Entity Name
MONTANARO BROTHERS, L.L.C.



Principal Place of Business
**4113 HENDERSON BLVD.
TAMPA, FL 33629**

Mailing Address
**4113 HENDERSON BLVD.
TAMPA, FL 33629**



01072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3597796

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LAWSON, MONICA ZIMMER
ZIMMER & LAWSON ACCOUNTING SERVICE
2403 STATE STREET
TAMPA, FL 33609**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MONTANARO, ANGELO C
STREET ADDRESS	4113 HENDERSON BLVD
CITY - ST - ZIP	TAMPA, FL 33629
TITLE	MGRM
NAME	MONTANARO, ANTHONY
STREET ADDRESS	8981 CYPRESS CIRCLE
CITY - ST - ZIP	NORTH ROYALTON, OH 44133
TITLE	MGRM
NAME	MONTANARO, BEVERLY
STREET ADDRESS	8981 CYPRESS CIRCLE
CITY - ST - ZIP	NORTH ROYALTON, OH 44133
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000828157
02/25/08-80001-003 138.75

**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: _____

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

ANGELO C. MONTANARO

2/12/08 (813) 289-1634

Date

Daytime Phone #