

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

FILED

Jan 14, 2008 08:00 AM  
Secretary of State

DOCUMENT # M01000002617



1. Entity Name

THE RIZZI MANAGEMENT GROUP, LLC

Principal Place of Business

874 WALKER ROAD STE C  
DOVER, DE 19904

Mailing Address

874 WALKER ROAD STE C  
DOVER, DE 19904



01092008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1009831

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PROBST, DANIEL J  
3300 PGA BLVD  
SUITE 500  
PALM BEACH GARDENS, FL 33410

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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 reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RIZZI, GILDA
STREET ADDRESS	179 LAKE CAROL DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	MGRM
NAME	JOHNSON, JOANN
STREET ADDRESS	14444 BOXWOOD DR
CITY-ST-ZIP	PALM BEACH GARDENS, FL 334188674
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000783952  
01/16/08-80036-009 138.75

DO NOT WRITE  
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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

Date

Daytime Phone #