


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90159 014 ****55.00

DOCUMENT # M06000001068 1. Entity Name A.A. GRANUZZO & ASSOCIATES, LLC					
Principal Place of Business 6497 TAYWOOD ROAD ENGLEWOOD OH 45322			Mailing Address 6497 TAYWOOD ROAD ENGLEWOOD OH 45322		
2. Principal Place of Business - No P.O. Box # 3435 PHILLIPS HWY Suite, Apt. #, etc. 201 B		3. Mailing Address 105 KINGFISHER DR Suite, Apt. #, etc.			
City & State JACKSONVILLE FL		City & State PONTE VEDRA BEACH FL		4. FEI Number 32-0100385	
Zip 32207 Country		Zip 32082 Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOFFERT, LISA 919 WATERMAN RD S JACKSONVILLE FL 32207				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>A.A. Granuzzo</i></u> A.A. GRANUZZO DATE					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GRANUZZO, ANDREW A 6497 TAYWOOD ROAD ENGLEWOOD OH 45322	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	105 KINGFISHER DR PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>A.A. Granuzzo</i></u> A.A. GRANUZZO 3-20-07 904 303 9123 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



ATTACHMENT
60035137

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2007

UNTIL 14 MAY

A.A. GRANUZZO & ASSOCIATES, LLC
105 KINGFISHER DR
PONTE VEDRA BEACH, FL 32082

AFTER 14 MAY
12892 FERNBANK LN
JACKSONVILLE, FL 32223

Subject: A.A. GRANUZZO & ASSOCIATES, LLC

Reference Number: M06000001068

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed annual report/uniform business report is \$50.00. If a certificate of status is desired, please add an additional \$5.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/sh

ANNUAL REPORTS SECTION