



FILED
Apr 27, 2005 08:00 AM
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # P02000045061 1. Entity Name LITTLE ITALY OF LAYTON, INC.</div><div style="text-align: center;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Principal Place of Business 8037 GULFSTREAM BLVD. MARATHON, FL 33050</div><div>Mailing Address 8037 GULFSTREAM BLVD. MARATHON, FL 33050</div></div> <div style="text-align: center; height: 100px; border: 2px solid black; font-size: 24px; font-weight: bold; margin-top: 20px;">DO NOT WRITE IN THIS SPACE</div>		<div style="text-align: right; font-weight: bold; font-size: 24px; margin-bottom: 10px;">Secretary of State</div> <div style="text-align: center; margin-bottom: 10px;"></div> <div style="display: flex; justify-content: space-between; font-size: 12px; margin-bottom: 10px;">02282005No Chg-PCR2E034 (10/03)</div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 2px; font-size: 12px;"><div>4. FEI Number 01-0674369</div><div>Applied For <input type="checkbox"/> Not Applicable</div></div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 2px; font-size: 12px;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div>\$8.75 Additional Fee Required</div></div>																																								
6. Name and Address of Current Registered Agent GREENMAN, FRANKLIN D ESQ. 5800 OVERSEAS HIGHWAY MARATHON, FL 33050		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.																																										
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small></div><div>(NOTE: Registered Agent signature required when reinstating)</div><div>DATE _____</div></div>																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%; font-size: 10px;">TITLE</td><td style="width:90%;">D</td></tr><tr><td style="font-size: 10px;">NAME</td><td>PROUDNIK, SERGEI</td></tr><tr><td style="font-size: 10px;">STREET ADDRESS</td><td>8037 GULFSTREAM BLVD.</td></tr><tr><td style="font-size: 10px;">CITY - ST - ZIP</td><td>MARATHON, FL 33050</td></tr><tr><td style="font-size: 10px;">TITLE</td><td>D</td></tr><tr><td style="font-size: 10px;">NAME</td><td>PROUDNIK, ALEANA</td></tr><tr><td style="font-size: 10px;">STREET ADDRESS</td><td>8037 GULFSTREAM BLVD.</td></tr><tr><td style="font-size: 10px;">CITY - ST - ZIP</td><td>MARATHON, FL 33050</td></tr><tr><td style="font-size: 10px;">TITLE</td><td></td></tr><tr><td style="font-size: 10px;">NAME</td><td></td></tr><tr><td style="font-size: 10px;">STREET ADDRESS</td><td></td></tr><tr><td style="font-size: 10px;">CITY - ST - ZIP</td><td></td></tr><tr><td style="font-size: 10px;">TITLE</td><td></td></tr><tr><td style="font-size: 10px;">NAME</td><td></td></tr><tr><td style="font-size: 10px;">STREET ADDRESS</td><td></td></tr><tr><td style="font-size: 10px;">CITY - ST - ZIP</td><td></td></tr><tr><td style="font-size: 10px;">TITLE</td><td></td></tr><tr><td style="font-size: 10px;">NAME</td><td></td></tr><tr><td style="font-size: 10px;">STREET ADDRESS</td><td></td></tr><tr><td style="font-size: 10px;">CITY - ST - ZIP</td><td></td></tr></table>		TITLE	D	NAME	PROUDNIK, SERGEI	STREET ADDRESS	8037 GULFSTREAM BLVD.	CITY - ST - ZIP	MARATHON, FL 33050	TITLE	D	NAME	PROUDNIK, ALEANA	STREET ADDRESS	8037 GULFSTREAM BLVD.	CITY - ST - ZIP	MARATHON, FL 33050	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																										
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4.23.2005 <small>Date Daytime Phone #</small>																																								