

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000024687

Entity Name: TRIXIES TREATS, LLC

**FILED**  
**Mar 01, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

9808 GRAND VERDE WAY, #802  
BOCA RATON, FL 33428

**New Principal Place of Business:**

8285 VIA LEONESSA  
BOCA RATON, FL 33433

**Current Mailing Address:**

9808 GRAND VERDE WAY, #802  
BOCA RATON, FL 33428

**New Mailing Address:**

8285 VIA LEONESSA  
BOCA RATON, FL 33433

FEI Number: 41-2088941

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FACCI, LYNDIA  
9808 GRAND VERDE WAY, #802  
BOCA RATON, FL 33428

**Name and Address of New Registered Agent:**

FACCI, LYNDIA  
8285 VIA LEONESSA  
BOCA RATON, FL 33433

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.

SIGNATURE: LYNDIA FACCI

03/01/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: FACCI, LYNDIA  
Address: 9808 GRAND VERDE WAY, #802  
City-St-Zip: BOCA RATON, FL 33428

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FACCI, LYNDIA  
Address: 8285 VIA LEONESSA  
City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LYNDIA FACCI

MGRM

03/01/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date