

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000089891

**FILED**  
**Feb 10, 2011**  
**Secretary of State**

**Entity Name:** HYTIE'S BAGELS BY THE SEA, LLC

**Current Principal Place of Business:**

1592 HWY AIA  
STE C  
SATELLITE BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

1592 HWY AIA  
STE C  
SATELLITE BEACH, FL 32937

**New Mailing Address:**

**FEI Number:** 20-5532783

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAYLOR, SUSAN L  
3150 N WICKHAM RD  
STE 3  
MELBOURNE, FL 32935 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** LANKEN, HELEN  
**Address:** 7561 SALINAS CT  
**City-St-Zip:** MELBOURNE, FL 32940

**Title:** MGRM  
**Name:** LANKEN, COREY  
**Address:** 2880 N WICKHAM RD, APT. 1112  
**City-St-Zip:** MELBOURNE, FL 32935

**Title:** MGRM  
**Name:** LANKEN, CHRIS  
**Address:** 169 ATLANTIC AVE  
**City-St-Zip:** INDIALANTIC, FL 32903

**Title:** MGR  
**Name:** LANKEN, BROOKE  
**Address:** 2055 MORRISON AVE  
**City-St-Zip:** LAKEWOOD, OH 44107

**Title:** MGR  
**Name:** LANKEN, PAIGE  
**Address:** 2055 MORRISON AVE  
**City-St-Zip:** LAKEWOOD, OH 44107

I hereby 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:** HELEN LANKEN

MGRM

02/10/2011

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