

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000012911

1. Entity Name
GRATZZI'S RISTORANTE, L.C.



Principal Place of Business
2325 ULMERTON RD., STE. 20
CLEARWATER, FL 33762

Mailing Address
2325 ULMERTON RD., STE. 20
CLEARWATER, FL 33762



01312005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3678526

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRIS, GREGORY D
2325 ULMERTON RD STE 20
CLEARWATER, FL 33762

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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

**Filing Fee is \$50.00
Due by May 1, 2005**

04/02/05-80026-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BULLARDO, FRED B JR.
STREET ADDRESS	2325 ULMERTON RD., STE. 20
CITY-STATE-ZIP	CLEARWATER, FL 33762
TITLE	MGR
NAME	MORRIS, GREGORY D
STREET ADDRESS	2325 ULMERTON RD., STE. 20
CITY-STATE-ZIP	CLEARWATER, FL 33762
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

11. 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 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 #