

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90034 032 ****50.00

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

DO NOT WRITE IN THIS SPACE



03142006 No Chg-LLC

CR2E083 (11/05)

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

**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.

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BULLARDO, FRED B JR.
2325 ULMERTON RD., STE. 20
CLEARWATER, FL 33762

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MORRIS, GREGORY D
2325 ULMERTON RD., STE. 20
CLEARWATER, FL 33762

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Gregory D. Morris
Gregory D. Morris

4/12/06

7275766424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #