


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90206 005 ****55.00

DOCUMENT # L01000005342			
1. Entity Name LA GRINGA, LLC			
Principal Place of Business 2135 DREW ST CLEARWATER FL 33765		Mailing Address 2135 DREW ST CLEARWATER FL 33765	
2. Principal Place of Business 2135 Drew ST		3. Mailing Address	
Suite, Apt. #, etc. C		Suite, Apt. #, etc.	
City & State Clearwater		City & State	
Zip 33765	Country USA	Zip	Country
6. Name and Address of Current Registered Agent BRANKS, BARBARA L 1975 MEADOW DRIVE CLEARWATER FL 33763		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BRANKS, BARBARA L 1975 MEADOW DRIVE CLEARWATER FL 33763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Barbara L Branks		1/26/04 (727) 446-5422	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	



MOORE CR2E083 (11/03)

4. FEI Number **59-3711634** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required