

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90103 008 \*\*\*\*55.00

DOCUMENT # L01000005342

1. Entity Name

LA GRINGA, LLC



Principal Place of Business

Mailing Address

2135 DREW ST  
C  
CLEARWATER FL 33765

2135 DREW ST  
CLEARWATER FL 33765

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3711634

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRANKS, BARBARA L

~~1975 MEADOW DRIVE~~

~~CLEARWATER FL 33763~~

2135 Drew ST

Clearwater, FL

33765

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

*Barbara L Brank*

Signature, typed or printed name of registered agent and title \* applicable

(NOTE: Registered Agent signature required when registering)

2/7/2007

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE PS  
NAME BRANKS, BARBARA L  
STREET ADDRESS ~~1975 MEADOW DRIVE~~ 1331 N Duncan Loop  
CITY ST ZIP CLEARWATER FL 33763 # 304

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
Duncin FL 34698

TITLE  
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STREET ADDRESS  
CITY ST ZIP

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NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE Vice President  
NAME Christopher K. Moore  
STREET ADDRESS 2717 Seville Blvd  
CITY ST ZIP Apt # 16304 Clwr, FL 33764

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CITY ST ZIP

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

*Barbara L Brank*

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

2/7/2007

Date

727-4465422

Daytime Phone #