

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90075 024 *****50.00

DOCUMENT # L01000006185

1. Entity Name
SAN GELATO CAFE FRANCHISING GROUP, L.L.C.



Principal Place of Business
**236 MIRACLE STRIP PKWY, SE
FT WALTON BEACH, FL 32579**

Mailing Address
**236 MIRACLE STRIP PKWY, SE
FT WALTON BEACH, FL 32579**

24060977



04212004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
59-3722896

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FLEET, H. BART
FLEET, SPENCER, MARTIN & KILPATRICK, PA
1104 EGLIN PARKWAY
SHALIMAR, FL 32579-0000**

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TREMOLINI, GUIDO
STREET ADDRESS	236 MIRACLE STRIP PKWY, SE
CITY - ST - ZIP	FT WALTON BEACH, FL
TITLE	MGRM
NAME	FERONI, SIMONA <i>Faroni, Simona</i>
STREET ADDRESS	236 MIRACLE STRIP PKWY, SE
CITY - ST - ZIP	FT WALTON BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 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 #

Simona Faroni
4/23/04 (850) 243-5455