

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000007680

1. Entity Name
CASA DEL PIRATA, LLC



Principal Place of Business

6469 NW 79 WAY
PARKLAND, FL 33067

Mailing Address

6469 NW 79 WAY
PARKLAND, FL 33067

FILED

07 FEB 07 AM 11:44

CLERK OF STATE
TALLAHASSEE, FLORIDA



01232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1104111

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOUT, THOMAS
6469 NW 79 WAY
PARKLAND, FL 33067

**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, 2007**

400087412704
02/06/07--01005--002 **250.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
STOUT, THOMAS R
6469 NW 79 WAY
PARKLAND, FL 33067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
STOUT, DEBBIE
6469 NW 79 WAY
PARKLAND, FL 33067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

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

Date

Daytime Phone #

1/29/07