

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90115 006 ****50.00

DOCUMENT # L01000012394

1. Entity Name
3 A ENTERPRISES, LLC



Principal Place of Business
**8257 CAUSEWAY BOULEVARD
TAMPA, FL 33619**

Mailing Address
**8257 CAUSEWAY BOULEVARD
TAMPA, FL 33619**



06292005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0178197

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SUNDIN, GLENN T
335 SOUTH PLUMOSA STREET, SUITE A
MERRITT ISLAND, FL 32952**

**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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE **P**
NAME **ANZULEWICZ, GARY M**
STREET ADDRESS **8257 CAUSEWAY BOULEVARD**
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE
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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: _____

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

9/7/05

Date

Daytime Phone #