

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90080 050 ***150.00

DOCUMENT # L02000001899

1. Entity Name
SIRAGUSA, LLC



Principal Place of Business

**DBA GRANNY NANNIES
6017 DR MLK STREET NORTH
SAINT PETERSBURG, FL 33703**

Mailing Address

**DBA GRANNY NANNIES
6017 DR MLK STREET NORTH
SAINT PETERSBURG, FL 33703**

DO NOT WRITE IN THIS SPACE



01152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
01-0602983

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIRAGUSA, PAUL
14100 82ND TERRACE N 4520 Bayshore Blvd N
SEMINOLE, FL 33776
St. Petersburg 33703

**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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SIRAGUSA, PAUL
STREET ADDRESS	6017 DR MLK S ST N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703
TITLE	MGRM
NAME	SIRAGUSA, ELIZABETH
STREET ADDRESS	6017 DR MLK JR ST N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703
TITLE	MGRM
NAME	EARLE, JODI
STREET ADDRESS	6017 DR MLK JR ST N 3314 Henderson Blvd Ste 205
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703 Tampa 33609
TITLE	MGRM
NAME	SIRAGUSA, JIM Henderson
STREET ADDRESS	3314 HENDERSON BLVD STE 205
CITY-ST-ZIP	TAMPA, FL 33609
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 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: **1/19/07**

Daytime Phone # _____