

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90005 042 \*\*\*138.75

DOCUMENT # L02000001899

1. Entity Name  
SIRAGUSA, LLC



Principal Place of Business

Mailing Address

DBA GRANNY NANNIES 2299 9th Ave North  
6017 DR MLK STREET NORTH Suite 1E  
SAINT PETERSBURG, FL 33703 33713

North



04142008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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  
4520 BAYSHORE BLVD NE  
SAINT PETERSBURG, FL 33703 33704

**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)

4/15/08  
DATE

**FILE NOW!!! FEE IS \$138.75**

**After May 1, 2008 Fee will be \$538.75**

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SIRAGUSA, PAUL
STREET ADDRESS	2299 9th Ave N, Suite 1E
CITY-ST-ZIP	6017 DR MLK ST N SAINT PETERSBURG, FL 33703 33713
TITLE	MGRM
NAME	SIRAGUSA, ELIZABETH
STREET ADDRESS	2299 9th Ave N, Suite 1E
CITY-ST-ZIP	6017 DR MLK JR ST N SAINT PETERSBURG, FL 33703 33713
TITLE	MGRM
NAME	EARLE, JODI
STREET ADDRESS	2299 9th Ave N, Suite 1E
CITY-ST-ZIP	6017 DR MLK JR ST N SAINT PETERSBURG, FL 33703 33713
TITLE	MGRM
NAME	SIRAGUSA, JIM
STREET ADDRESS	4556 S. Manhattan Ave
CITY-ST-ZIP	3314 HONDORSSAU BLVD STE 205 Suite N TAMPA, FL 33609 33611
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

4/15/08  
Date

Daytime Phone #