

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000017857

Entity Name: PINK IGUANA, LLC

**FILED**  
**Jan 12, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

1003 EASTLAS OLAS BLVD.  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

C/O FRANCISCO MENENDEZ  
13333 71ST PLACE NORTH  
WEST PALM BEACH, FL 33412

**Current Mailing Address:**

1003 EASTLAS OLAS BLVD.  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

C/O FRANCISCO MENENDEZ  
13333 71ST PLACE NORTH  
WEST PALM BEACH, FL 33412

FEI Number: 03-0471881

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANGELO, BARRY & BOLDT, P.A.  
515 E. LAS OLAS BLVD., STE. 850  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MENENDEZ, N. MARIA  
Address: 1003 EAST LAS OLAS BLVD.  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MENENDEZ, N. MARIA  
Address: 2600 NE 8TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33304

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FRANCISCO MENENDEZ

CFO

01/12/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date