

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90119 023 ****55.00

DOCUMENT # L02000029447

1. Entity Name

GAMES & THINGS, LLC



Principal Place of Business

~~229 WINDWARD PASSAGE~~
~~CLEARWATER FL 33767~~

Mailing Address

~~229 WINDWARD PASSAGE~~
~~CLEARWATER FL 33767~~

2. Principal Place of Business

1547 PUTNAM COURT

Suite, Apt. #, etc.

\$

3. Mailing Address

1547 PUTNAM COURT

Suite, Apt. #, etc.

City & State

Dunedin, FL

Zip

34698

Country

USA

City & State

Dunedin, FL

Zip

34698

Country

USA

4. FEI Number

74-3067097

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDBERG, SARA
~~229 WINDWARD PASSAGE~~
~~CLEARWATER FL 33767~~

1547 PUTNAM COURT
Dunedin, FL 34698

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME ~~LISTER, SARA~~ SARA Goldberg ☐ Delete
STREET ADDRESS ~~229 WINDWARD PASSAGE~~
CITY-ST-ZIP ~~CLEARWATER FL 33767~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME SARA Goldberg
STREET ADDRESS 1547 PUTNAM COURT, Dunedin, FL
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

SARA Goldberg

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

Date

Daytime Phone #

3/26/05 727-735-0109