

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # L02000031420

1. Entity Name

LOUIS PAPPAS RESTAURANT GROUP, LLC



Principal Place of Business

731 WESLEY AVE
TARPON SPRINGS, FL 34689 US

Mailing Address

731 WESLEY AVE
TARPON SPRINGS, FL 34689 US



01262006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

02-0653599

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TATE, MARK T
212 S. MAGNOLIA AVE.
TAMPA, FL 33606

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME PAPPAS, LOUIS L
STREET ADDRESS 1648 SEABREEZE DRIVE
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE MGRM
NAME PAPPAS, NANCY P
STREET ADDRESS 1648 SEABREEZE DRIVE
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE
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STREET ADDRESS
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000000533304
05/06/06-80119-005 50.00

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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

Daytime Phone #

4-19-06 727-937-1770