## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L02000033833

1. Entity Name

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BUFFALO COURTESY MARKET, L.L.C.



Principal Place of Business

Mailing Address

2012 MARTIN LUTHER KING, JR. BLVD. TAMPA, FL 33610

2012 MARTIN LUTHER KING, JR. BLVD. TAMPA, FL 33610

#### FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 90131 012 \*\*\*\*50.00

LTCPORE -



04292004 No Chg-LLC

CR2E083 (10/03)

5. Certificate of Status Desired	П	\$5.00	Additional
39-0054161			Not Applicable
4. FEI Number		i	Applied For

### DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MIRASOLA, TERESA 2012 MARTIN LUTHER KING, JR. BLVD. TAMPA, FL 33610

# DO NOT WRITE IN THIS SPACE

	r		- , ;
	named entity submits this statement for the purpose of changions of registered agent.	ging its registered office or registered agent, or both, in the State of	•
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	NELSON CAPORICE (NOTE: Registered Agent signature required when reinstating)	04/29/04 DATE
Fi D	iling Fee Is \$50.00 ue by May 1, 2004		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	P		
NAME	MIRASOLA, TERESA		*
STREET ADDRESS	2012 DR MLK BLVD		
CTTY-ST-ZIP	TAMPA, FL 33610		
तारह		d.	
NAME		,	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	·		
NAME			
STREET ADDRESS		DO NOT \	<b>VRITE</b>
CITY-ST-ZIP			
TITLE		I IN THIS S	PACE
NAME STREET ADDRESS			•
CITY-ST-ZIP		^	•
TITLE			
NAME	:		Y Y
STREET ADDRESS	j.		

11. I hereby certify that the information supplied with this filling 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 JULIA MASSILI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

(813)238-6607 04/29/04

Date

Daytime Phone #