


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90181 015 ****50.00

DOCUMENT # L03000005425

1. Entity Name
KANTZIOS FAMILY LLC



Principal Place of Business
12820 BROCKWAY DRIVE
CLEVELAND, OH 44125 US

Mailing Address
12820 BROCKWAY DRIVE
CLEVELAND, OH 44125 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



04012007 Chg-LLC CR2E083 (12/06)

4. FEI Number
30-0150445

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEORGE G. PAPPAS, P.A.
901 N HERCULES AVE
SUITE C
CLEARWATER, FL 33765

1822 N. Belcher Road
Suite 200
Clearwater, FL 33765

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGRM** Delete
 NAME **KANTZIOS, JIM**
 STREET ADDRESS **12820 BROCKWAY DRIVE**
 CITY-ST-ZIP **CLEVELAND, OH 44125**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGRM** Delete
 NAME **KANTZIOS, MARIA**
 STREET ADDRESS **12820 BROCKWAY DRIVE**
 CITY-ST-ZIP **CLEVELAND, OH 44125**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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: *J. Jim Kantzios* **4-9-07**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Treasurer Kelly CPA 4/12/07