
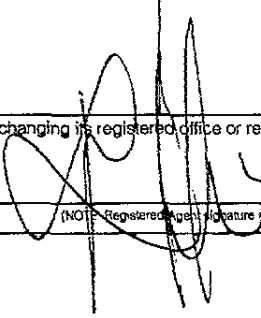
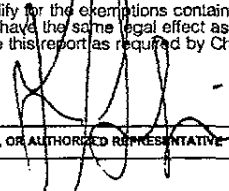


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000007667 1. Entity Name MAXIMO RESTAURANTS LLC.		
Principal Place of Business 149 AVENIDA MESSINA SARASOTA, FL 34242 US	Mailing Address 149 AVENIDA MESSINA SARASOTA, FL 34242 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LAZZARI, RENATO 149 AVENIDA MESSINA SARASOTA, FL 34242		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 <u>Renato Lazzari</u>  <u>4-20-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LAZZARI, RENATO 2514 ASHTON RD SARASOTA, FL 34231	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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: <u>Renato Lazzari</u>  <u>4-20-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> Date Daytime Phone #		



04192006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
13-4242053

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

11000001508811
04-20-06-80021-004 50.00

**DO NOT WRITE
IN THIS SPACE**