


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000007788 1. Entity Name ENDLESS SPECIALTIES, LLC	
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Principal Place of Business 2046 IMPERIAL CIRCLE NAPLES, FL 34110	Mailing Address 2046 IMPERIAL CIRCLE NAPLES, FL 34110
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04242007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FULLER, WILLIAM D 2046 IMPERIAL CIRCLE NAPLES, FL 34110
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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 <i>William D. Fuller</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<i>4/24/07</i> <small>DATE</small>

(NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RA FULLER, WILLIAM D 2046 IMPERIAL CIRCLE NAPLES, FL 34110
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<p>U000000751212 05/18/07-80094-021 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: <i>William D. Fuller</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<i>4/24/07</i> <i>238-592-872</i> <small>Date Daytime Phone #</small>