

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90034 010 \*\*\*\*50.00

**DOCUMENT # L03000008350**

1. Entity Name  
**HUPP RETAIL GANDY, LLC**



Principal Place of Business  
**607 WEST BAY STREET  
TAMPA, FL 33606**

Mailing Address  
**607 WEST BAY STREET  
TAMPA, FL 33606**

2. Principal Place of Business  
**635 COURT ST  
Suite, Apt. #, etc.  
Suite 201**

3. Mailing Address  
**907 S. Ft. Harrison Ave  
Suite, Apt. #, etc.  
Suite 102**

City & State  
**Clearwater FL**  
Zip  
**33756** Country  
**USA**

City & State  
**Clearwater FL**  
Zip  
**33756** Country  
**USA**

04142006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**51-0447935**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HUPP, ANDREW  
607 WEST BAY STREET  
TAMPA, FL 33606**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**907 S. Ft. Harrison Ave**  
**Suite 102**  
City **Clearwater** FL Zip Code **33756**

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 name of registered agent and title if applicable.

**Andrew J. Hupp, Mgr.**

(NOTE: Registered Agent signature required upon reinstating)

DATE

**4/14/06**

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
HUPP, ANDREW  
607 WEST BAY STREET  
TAMPA, FL 33606** ☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**907 S. Ft. Harrison Ave #102  
Clearwater FL 33756** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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☐ Delete

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**ANDREW J. Hupp, Mgr.**

**4/14/06**