

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90019 050 ****55.00

DOCUMENT # L03000010583

1. Entity Name
PIGGY'S, L.L.C.



Principal Place of Business
777 BAYSHORE DR
STE 1605
FORT LAUDERDALE, FL 33304 US

Mailing Address
777 BAYSHORE DR
STE 1605
FORT LAUDERDALE, FL 33304 US



2. Principal Place of Business
2600 NW 7th AVE
Suite, Apt. #, etc.

3. Mailing Address
2600 NW 7th AVE
Suite, Apt. #, etc.

03262006 Chg-LLC CR2E083 (11/05)

City & State
WILTON MANORS, FL
Zip 33311 Country USA

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WILTON MANORS, FL
Zip 33311 Country USA

4. FEI Number
05-0561383
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALLEN, DAVID C
777 BAYSHORE DR
#1605
FORT LAUDERDALE, FL 33304

7. Name and Address of New Registered Agent

Name ALLEN, DAVID C.
Street Address (P.O. Box Number is Not Acceptable)
2600 NW 7th AVE
City WILTON MANORS FL Zip Code 33311

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

DAVID C. ALLEN

3/26/2006

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ALLEN, DAVID C
STREET ADDRESS 777 BAYSHORE DRIVE, #1605
CITY-ST-ZIP FORT LAUDERDALE, FL 33304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME ALLEN, DAVID C.
STREET ADDRESS 2600 NW 7th AVE
CITY-ST-ZIP WILTON MANORS, FL 33311 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
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 #

DAVID C. ALLEN

3/26/2006 954-564-7528