06-01-2004 90750 028 ****50.00
L03000012109

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

6/

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP 17 PM 12:56 LC 09/17/04

34009705

DOCUMENT # L03000012109

1. Entity Name
MEZZALUNA ~~RISTORANTE & PIZZERIA~~, LLC
Mezzaluna, LLC

Principal Place of Business	Mailing Address
4000 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228	4000 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228

2. Principal Place of Business	3. Mailing Address
2129 Phillippi St	2129 Phillippi St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota FL	City & State: Sarasota FL
Zip: 34231 Country:	Zip: 34231 Country:

05222004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 14-1878087 ☐ 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
NIKIAS, HARRY 4000 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Managing Member NIKIAS, HARRY 4000 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	tion
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ange ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 exemption stated in Section 119.07(3)(i), 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: Harry Nikias HARRY Nikias Manag Member 5/27/04 941-302-3762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #