


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90020 011 ****50.00

DOCUMENT # L03000016757 1. Entity Name TUSCANY DISTRIBUTORS, LLC					
Principal Place of Business 1915 NORTH OCEAN DR. HOLLYWOOD FL 33018			Mailing Address 1915 NORTH OCEAN DR. HOLLYWOOD FL 33018		
2. Principal Place of Business 250 N. DIXIE HWY. Suite, Apt. #, etc. BAY 9 City & State HOLLYWOOD - FL Zip 33020		3. Mailing Address 250 N. DIXIE HWY. Suite, Apt. #, etc. BAY 9 City & State HOLLYWOOD - FL Zip 33020		4. FEI Number 20-0023420	
Country BROWARD		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CURINO, STEFANIA 250 NORTH DIXIE HIGHWAY, BAY #9 HOLLYWOOD FL 33020				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CURINO, STEFANIA 1915 NORTH OCEAN DR. HOLLYWOOD FL 33018 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 <u><i>Stefania Curino</i></u> - STEFANIA CURINO-MANAGING M. 2-26-05 (954)9251651 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					