2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000031152

1. Entity Name
BANQUET AND EVENT ELEGANCE, LLC

Principal Place of Business	Mailing Address
6435 W COMMERICAL BLVD TAMARAC, FL 33319	6501 W. COMMERCIAL BLVD TAMARAC, FL 33319

DO NOT WRITE IN THIS SPACE

02092006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0186227

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUSTAFESTEE, CARMINE E
6501 COMMERCIAL BLVD
TAMARAC, FL 33319

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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 May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	D
NAME	GUSTAFESTE, CARMINE E
STREET ADDRESS	6501 COMMERCIAL BLVD
CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	D
NAME	LABUSH, WAYNE
STREET ADDRESS	6501 COMMERCIAL BLVD
CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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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 605, Florida Statutes.

SIGNATURE: _____ 2/9/06 954-726-0346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #