2007 LIMITED LIABILITY COMPANY
- ANNUAL REPORT (AR)

6/:

DOCUMENT # L03000033607

1. Entity Name

BLONDIE'S OF PENSACOLA, LLC

Principal Place of Business	Mailing Address
2166 WEST NINE MILE RD. PENSACOLA FL 32534	2166 WEST NINE MILE RD. PENSACOLA FL 32534

2. Principal Place of Business - No P.O. Box #

23 S. Palafox Place

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt #, etc.

City & State **Pensacola FL**

City & State

Zip **32502** Country **USA**

Zip

Country

2nd MOORE   CR2E083 (4/07)

4. FEI Number 14-1894527   ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TREVINO, SHELLY
3650 PINE FOREST RD
CANTONMENT FL 32533

7. Name and Address of New Registered Agent

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 _Shelly Trevino_   DATE 5/30/07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME BUNT, GILDA M STREET ADDRESS 1814 HARBORVIEW CIRCLE CITY-ST-ZIP PENSACOLA FL 32507	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME Shelly Trevino STREET ADDRESS Owner/manager CITY-ST-ZIP 3650 Pine Forest Rd. Cantonment FL 32533	☐ 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
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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 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: _Shelly Trevino_ Shelly Trevino 6/11/07 850 471 3435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #