

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000035674

1. Entity Name  
STAMATIS FAMILY RESTAURANT, LLC



Principal Place of Business  
3095 ST. JAMES STREET  
PORT CHARLOTTE, FL 33952

Mailing Address  
1186 SANDY ST  
PORT CHARLOTTE, FL 33952



03242008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0240130

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

WOTITZKY, HAL ESQ.  
223 TAYLOR STREET  
PUNTA GORDA, FL 33950

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000880385  
04/15/08-80059-018 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME STATHARAS, STAMELOS  
STREET ADDRESS 3095 ST. JAMES STREET  
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE MGRM  
NAME KOUROUPI, ZOI  
STREET ADDRESS 3095 ST. JAMES STREET  
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE MGRM  
NAME STATHARAS, STAMELOS  
STREET ADDRESS 1186 SANDY ST  
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE MGRM  
NAME KOUROUPI, ZOI  
STREET ADDRESS 1186 SANDY ST  
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: Stamen Statharas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-27-08

Date

Daytime Phone #

(941)  
629-2576