

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90022 012 ****50.00

DOCUMENT # L03000036370

1. Entity Name
GOAT LIPS DELI, LLC



Principal Place of Business
**2811 COPTER ROAD
PENSACOLA, FL 32514 US**

Mailing Address
**2811 COPTER ROAD
PENSACOLA, FL 32514 US**



01062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0634572

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COWAN, LARRY
2811 COPTER ROAD
PENSACOLA, FL 32501-4**

**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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
COWAN, LARRY
2811 COPTER ROAD
PENSACOLA, FL 32514**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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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: *Larry Cowan*

4-1-06

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

Date

Daytime Phone #