

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90206 021 \*\*\*\*55.00

**DOCUMENT # L03000039487**



1. Entity Name  
**SWEET TOOTH LLC**

Principal Place of Business

1077 DEES DRIVE  
OVIEDO FL 32765

Mailing Address

1077 DEES DRIVE  
OVIEDO FL 32765



2. Principal Place of Business

**1126 ROLLING OAKS AVE**

Suite, Apt. #, etc.

3. Mailing Address

**1126 ROLLING OAKS AVE**

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

**TARPON SPRING FL**

City & State

**TARPON SPRING FL**

4. FEI Number

**NO-T APPLICABLE**

Applied For

☒ Not Applicable

Zip

**34689**

Country

Zip

**34689**

Country

5. Certificate of Status Desired

☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PROSSER, HAROLD**  
**1077 DEES DRIVE**  
**OVIEDO FL 32765**

7. Name and Address of New Registered Agent

Name

**LUC ANN PROSSER**

Street Address (P.O. Box Number is Not Acceptable)

**1126 ROLLING OAKS AVE**

City

**TARPON SPRING**

FL

Zip Code

**34689**

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 \$50.00**

**Make Check Payable to Florida Department of State**

**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete  
NAME **PROSSER, HAROLD**  
STREET ADDRESS **1077 DEES DRIVE**  
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **LUC ANN PROSSER**  
STREET ADDRESS **1126 ROLLING OAKS AVE**  
CITY-ST-ZIP **TARPON SPRING FL 34689**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 606, Florida Statutes.

**SIGNATURE:**

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

Date

Daytime Phone #

**LUC ANN PROSSER**  
**2-19-06 727-442-8500**