

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 02, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90005 031 \*\*\*\*50.00



**DOCUMENT # L03000040308**

1. Entity Name

**RONNIE'S BIG LEAGUE DELI, LLC**

Principal Place of Business

1619 E. MICHIGAN AVE.  
ORLANDO FL 32806

Mailing Address

1619 E. MICHIGAN AVE.  
ORLANDO FL 32806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**02-0709692**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KARKOVICE, RONALD**  
**1619 E. MICHIGAN AVE.**  
**ORLANDO FL 32806**

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

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE: **MGRM**  Delete  
NAME: **KARKOVICE, RONALD**  
STREET ADDRESS: **4010 TERIWOOD AVE.**  
CITY-ST-ZIP: **ORLANDO FL 32812**

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

10. ADDITIONS/CHANGES

TITLE: **MGRM**  Change  Addition  
NAME: **Ronald Karkovice**  
STREET ADDRESS: **4544 Curry Ford Rd**  
CITY-ST-ZIP: **Orlando FL 32806**

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

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

**7-19-05**

Date

Daytime Phone #