2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 03, 2004 8:00 am
Secretary of State
05-07-2004 90004 015 ****50.00

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1. Entity Name
THE GOURMET EXPLOSION, LLC

Principal Place of Business	Mailing Address
5445 9TH STREET SOUTH ST. PETERSBURG, FL 33705	5445 9TH STREET SOUTH ST. PETERSBURG, FL 33705

04292004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
3010 54th Ave S			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: St. Petersburg		City & State	
Zip: 33712	Country: Pinellas	Zip	Country

4. FEI Number: 56-2421971 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAHTER, J. RICHARD ESQ.
6670 FIRST AVENUE SOUTH
ST. PETERSBURG, FL 33707

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 ______________________________
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Andrew D. Turner 5445 9th St. S. St. Petersburg Fl 33705 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	President ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Sarita R Turner 5445 9th St. S. St. Petersburg Fl 33705 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Vice - President ☐ 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
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

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: Sarita R. Turner — Sarita R. Turner April 29, 2004 (727) 866-6699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #