

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000045933

1. Entity Name
TROPICAL TREATS & EATS, LLC



Principal Place of Business
**9903 GULF OF MEXICO DRIVE
ANNA MARIA, FL 34216 US**

Mailing Address
**P.O. BOX 1367
ANNA MARIA, FL 34216 US**



02082006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0638314

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOUCHARD, DAVID A
PO BOX 1367
ANNA MARIA, FL 34216**

**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

DAVID A BOUCHARD

2-12-06

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, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MATTICK, MARCIA A
P. O. BOX 1216
ANNA MARIA, FL 34216**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MATTICK, JOHN F
P. O. BOX 1216
ANNA MARIA, FL 34216**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BOUCHARD, REBECCA L
P. O. BOX 2221
ANNA MARIA, FL 34216**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BOUCHARD, DAVID A
P. O. BOX 2221
ANNA MARIA, FL 34216**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000459447
03/14/06-80022-009 50.00

**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:

DAVID A BOUCHARD

2-12-06

941 779 9100

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

Date

Daytime Phone #