2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State
05-02-2005 90096 041 ****50.00

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DOCUMENT # L04000006542

1. Entity Name
MICELI'S RESTAURANT LLC

Principal Place of Business	Mailing Address
694 N. WICKHAM RD. MELBOURNE, FL 32935	3000 FOUNTAINHEAD BLVD. APT. 106 MELBOURNE, FL 32935

04292005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
694 N. WICKHAM RD	694 N. Wickham Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MELBOURNE, FL	City & State: Melbourne, Fl
Zip: 32935 Country: BREVARD	Zip: 32935 Country: Brevard

4. FEI Number: 200611494 ☐ 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
MANDARINO, DOMENIK 3000 FOUNTAINHEAD BLVD. APT. 106 MELBOURNE, FL 32935	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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRINCIPAL MARIA COSENTINO 3016 SAVANNAH WAY # 105 MELBOURNE, FL 32935 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRINCIPAL DOMENIK MANDARINO 3016 SAVANNAH WAY #105 MELBOURNE, FL 32935 ☐ 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
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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: [signature] 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #