

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

02-14-2005 90181 026 ****50.00

DOCUMENT # L04000011975 1. Entity Name GOURMET TOTE, LLC																																																																						
Principal Place of Business 6943 WESTCHESTER CIR. BRADENTON, FL 34202			Mailing Address 6943 WESTCHESTER CIR. BRADENTON, FL 34202																																																																			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																			
City & State			City & State																																																																			
Zip		Country		Zip																																																																		
Country		Country		02042005 Chg-LLC CR2E083 (10/03)																																																																		
4. FEI Number 72-1545344				Applied For ☐ Not Applicable																																																																		
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent MESSINA-BROWN, LEIANNE 6943 WESTCHESTER CIR. BRADENTON, FL 34202																																																																		
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)																																																																						
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to :Florida Department of State																																																																			
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td>Founder and CEO</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Leanne Messina-Brown</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>6943 Westchester Circle</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Bradenton, FL 34202</td> <td></td> <td></td> <td></td> </tr> </table> 10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>						TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete		Founder and CEO					Leanne Messina-Brown					6943 Westchester Circle					Bradenton, FL 34202				TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition																																			
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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 606, Florida Statutes.																																																																						
SIGNATURE: <u>X</u> <u>Leanne Messina-Brown</u> <u>2/8/05</u> <u>941-907-3003</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																																																																						

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