

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 04, 2005 8:00 am
Secretary of State

08-04-2005 90079 026 ****50.00

DOCUMENT # L04000014655

1. Entity Name
TAMMY'S SUNRISE CAFE, LLC



Principal Place of Business
**12220 TOWNE LAKE DR.
UNIT #40
FT. MYERS, FL 33913**

Mailing Address
**12220 TOWNE LAKE DR.
UNIT #40
FT. MYERS, FL 33913**

6000014655



2. Principal Place of Business
13120 WESTLINKS TERRACE

3. Mailing Address
13120 WESTLINKS TERRACE

Suite, Apt. #, etc.
UNIT #10

Suite, Apt. #, etc.
UNIT #10

07312005 Chg-LLC CR2E083 (10/03)

City & State
FT. MYERS, FL

City & State
FT. MYERS, FL

4. FEI Number
33-1089624

Applied For
Not Applicable

Zip
33913

Country
US

Zip
33913

Country
US

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

6. Name and Address of Current Registered Agent

**KASKE, TAMMY
2408 TED AVE. S.
UNIT #40
LEHIGH ACRES, FL 33971**

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/1/05

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
KASKE, TAMMY
2408 TED AVE. S.
LEHIGH ACRES, FL 33971** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
PAQUETTE, LAURIE
2246 KOXFORD RIDGE CIR.
LEHIGH ACRES, FL 33971** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
PAQUETTE, LAURIE
2246 OXFORD RIDGE Circle
Lehigh Acres, FL 33971** ☒ Change ☐ Addition

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

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

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

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

8/1/05 235-770-1407

Date Daytime Phone #