

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90052 036 ****50.00

DOCUMENT # L04000016871

1. Entity Name
TIKI BAR PROPERTIES, LLC



Principal Place of Business
**20020 VETERANS BLVD
UNIT #22
PORT CHARLOTTE, FL 33954**

Mailing Address
**20020 VETERANS BLVD
UNIT #22
PORT CHARLOTTE, FL 33954**

20000215



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
20-0837307

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**FILEMAN, GARY T
1107 W MARION AVE, STE 112
PUNTA GORDA, FL 33950**

Name **DANIEL M. CUGINI**

Street Address (P.O. Box Number is Not Acceptable)

20020 VETERANS BLVD, #22

City **PORT CHARLOTTE**

FL

Zip Code **33954**

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] **DANIEL M. CUGINI** **MANAGING MEMBER** **1/5/06**

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, 2006**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **CUEGINI, DANIEL M**
STREET ADDRESS **20020 VETERANS BLVD #22**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33954**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **CUGINI, DANIEL M (mis-spelled)**
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **GIPGEPPE, MONNINA**
STREET ADDRESS **11850 NW 20TH STREET**
CITY-ST-ZIP **PLANTATION, FL 33323**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **GIUSEPPE MANNINO (mis-spelled)**
STREET ADDRESS **20020 VETERANS BLVD, #22**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33954**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

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

DANIEL M. CUGINI

1/5/06

Date

Daytime Phone #

941 629-1115