

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000030607

1. Entity Name
MAMA CARMELA RISTORANTE, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 28 AM 8:17

Principal Place of Business
7602 SANDSTONE DRIVE
ORLANDO, FL 32836

Mailing Address
7602 SANDSTONE DRIVE
ORLANDO, FL 32836

2. Principal Place of Business
205 Lorraine Drive

3. Mailing Address
205 Lorraine Drive

01122005 Chg-LLC CR2E083 (10/03)

City & State
Altamonte Springs, FL
Zip
32714
County
Seminole

City & State
Altamonte Springs, FL
Zip
32714
County
USA

4. FEI Number
830393048

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ADNAN BIZRI M
7602 SANDSTONE DRIVE
ORLANDO, FL 32836

7. Name and Address of New Registered Agent

Name
Barbara L Andryshak
Street Address (P.O. Box Number is Not Acceptable)
1298 CREEK AVE
City
Orlando FL Zip Code
32825

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 Adnan Bizri

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-05

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGRM
ANDRYSHAK, BARBARA L
STREET ADDRESS
1298 CREEK AVENUE
CITY-ST-ZIP
ORLANDO, FL 32825 ☐ Delete

TITLE
NAME
MGRM
BIZRI, ADNAN M
STREET ADDRESS
7602 SANDSTONE DRIVE
CITY-ST-ZIP
ORLANDO, FL 32836 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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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 ☐ 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: Adnan Bizri

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

Date

Daytime Phone #

1-29-05