06/20/2005 12:36 FAX 7722862996 CORNETT GOOGE

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Jun 23, 2005 8:00 am
Secretary of State
06-23-2005 90051 017 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000036753

1. Entity Name
SQUIGLEY ICE CREAM AND GRILLE, LLC

3411 S.W. ISLESWORTH CIRCLE 3411 S.W. ISLESWORTH CIRCLE

Principal Place of Business	Mailing Address
~~4680B SW PARKGATE BLVD.~~ PALM CITY, FL 34990	~~4680B SW PARKGATE BLVD.~~ PALM CITY, FL 34990

20060552

2. Principal Place of Business	3. Mailing Address
3411 SW Islesworth Cir.	3411 SW Islesworth Cir.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm City, FL	City & State: Palm City, FL
Zip: 34990 Country: USA	Zip: 34990 Country: USA

06202005 Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2472859 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
GOOGE, HOWARD E JR.
401 E. OSCEOLA STREET
STUART, FL 34994

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGRM NAME: Jack L. Hunter STREET ADDRESS: 3411 SW Islesworth Circle CITY-ST-ZIP: Palm City, FL 34990	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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 608, Florida Statutes.

SIGNATURE: Jack L. Hunter 6/21/05 772-221-0157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #