

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 23, 2005 8:00 am**  
**Secretary of State**

05-23-2005 90376 018 \*\*\*\*50.00

20059146



03312005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L04000041289</b> 1. Entity Name <b>AGNES GAZSO, LLC</b>																											
Principal Place of Business <b>1802 SUNSET POINT ROAD</b> # H <b>CLEARWATER, FL 33765</b>		Mailing Address <b>1802 SUNSET POINT ROAD</b> # H <b>CLEARWATER, FL 33765</b>																									
2. Principal Place of Business <b>2625 SR 590</b> Suite, Apt. #, etc. <b>1151</b>		3. Mailing Address <b>2625 SR 590</b> Suite, Apt. #, etc. <b>1151</b>																									
City & State <b>CLEARWATER, FL</b> Zip <b>33759</b> Country <b>Pinellas</b>		City & State <b>CLEARWATER, FL</b> Zip <b>33759</b> Country <b>Pinellas</b>																									
4. FEI Number <b>52-2446578</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent <b>GAZSO, AGNES</b> <b>1802 SUNSET POINT ROAD</b> # H <b>CLEARWATER, FL 33765</b>																									
7. Name and Address of New Registered Agent Name <b>GAZSO, AGNES</b> Street Address (P.O. Box Number is Not Acceptable) <b>2625 SR 590 # 1151</b> City <b>CLEARWATER FL</b> Zip Code <b>33759</b>		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 <u>Agnes Gazo</u> DATE <u>05/11/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																									
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">MGR</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GAZSO, AGNES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1802 SUNSET POINT ROAD # H</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLEARWATER, FL 33765</td> <td></td> </tr> </table>		TITLE	MGR	<input checked="" type="checkbox"/> Delete	NAME	GAZSO, AGNES		STREET ADDRESS	1802 SUNSET POINT ROAD # H		CITY-ST-ZIP	CLEARWATER, FL 33765		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">MGR</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>GAZSO, AGNES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2625 SR 590 # 1151</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLEARWATER, FL 33759</td> <td></td> </tr> </table>		TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	GAZSO, AGNES		STREET ADDRESS	2625 SR 590 # 1151		CITY-ST-ZIP	CLEARWATER, FL 33759	
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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: <u>Agnes Gazo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>05/11/2005</u> Daytime Phone # _____																									