

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 17, 2005 8:00 am
Secretary of State

08-17-2005 90068 003 ****50.00

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DOCUMENT # L04000054766 1. Entity Name LOTTYLOU LLC					
Principal Place of Business 46 N. WASHINGTON BLVD. #1 SARASOTA, FL 34236			Mailing Address 46 N. WASHINGTON BLVD. #1 SARASOTA, FL 34236		
2. Principal Place of Business 11007 N. 56th STREET		3. Mailing Address 11007 N. 56th STREET			
Suite, Apt. #, etc. #211		Suite, Apt. #, etc. #211			
City & State TEMPLE TERRACE, FL		City & State TEMPLE TERRACE, FL		4. FEI Number 57-1216049	
Zip 33617		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LPS CORPORATE SERVICES, INC. 46 N. WASHINGTON BLVD. #1 SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGRM O'CONNELL, PETER APT. 24 BRETBY DERBYSHIRE ENGLAND ENGLAND DE150QQ,		TITLE NAME STREET ADDRESS CITY - ST - ZIP	11007 N. 56th Street, #211 Temple Terrace, FL 33617	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM O'CONNELL, BERNADETTE 8545 MONTEVERDE CIRCLE, #925 TEMPLE TERRACE, FL 33617		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM O'CONNELL, BERNADETTE 11007 N. 56th Street, #211 Temple Terrace, FL 33617	
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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:			(813) 451-1035		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		
PETER O'CONNELL, MGRM					