


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000055111
1. Entity Name
GLORIA DZYNDRA, PLC



Principal Place of Business P.O. BOX 3319 SARASOTA, FL 34230	Mailing Address P.O. BOX 3319 SARASOTA, FL 34230
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DO NOT WRITE IN THIS SPACE



03312006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1413145	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DZYNDRA, GLORIA
14260 TAMiami TRAIL
NORTH PORT, FL 34287**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DZYNDRA, GLORIA P.O. BOX 3319 SARASOTA, FL 34230
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04/19/06-80085-007 50.00

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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:  **GLORIA DZYNDRA** **3/31/06** **(941) 426-0621**

SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE) Date Daytime Phone #