## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## Feb 20, 2006 08:00 AM Secretary of State DOCUMENT # L04000058661 GUGGINO ENTERPRISES, LLC Principal Place of Business Mailing Address 2112 WINGS WAY CLEARWATER FL 33759 2112 WINGS WAY CLEARWATER FL 33759 2. Principal Place of Business 3. Mailing Address Suite, Apt. II., etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 20-1464086 Not Applica Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CIARAVINO, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 2112 WINGS WAY CLEARWATER FL 33759 City 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered of florida. the obligations of registered agent. Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 8. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR ☐ Defete TOTLE ☐ Change 1 the 1 NAME CIARAVINO, ROBERT J NAME STREET ADDRESS 2112 WINGS WAY STREET ADDRESS UDDDDDA39733 03/02/06-80011-020 50.00 CITY - ST-ZIP EIFY-ST-ZIP CLEARWATER FL 33759 ME Delete THEE ☐ Change ☐ Additi MAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY - ST- ZIP TITLE Oelete THEE ☐ Chance □ Add® NAME NAM STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY ST-782 TITLE ☐ Delete Blife Change ☐ Addisi NAME NAME STREET ADDRESS STRLET ADDRESS CITY-ST-219 CITY-ST-ZIP TITLE ☐ Delete $m\epsilon$ □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C)77-S1-ZIP TITLE Delete HHE ☐ Change Add: MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST- LIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of trustee empoyaged to execute this report as required by Chapter 608, Florida Statutes.

**FILED** 

2/10/06