

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063583

Entity Name: JUANITO & VIOLA, LLC

FILED
Jun 01, 2005
Secretary of State

Current Principal Place of Business:

124 N.W. 12TH AVENUE
CRYSTAL RIVER, FL 34428

New Principal Place of Business:

Current Mailing Address:

124 N.W. 12TH AVENUE
CRYSTAL RIVER, FL 34428

New Mailing Address:

FEI Number: 20-1616202 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DUNSFORD, TINA E
100 S. ASHLEY DRIVE, SUITE 1500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

JUANITO, TABOADA C
124 NW 12TH AVENUE
CRYSTAL RIVER, FL 34428 US

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.

SIGNATURE: JUANITO C. TABOADA

06/01/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: TABOADA, JUANITO
Address: 124 N.W. 12TH AVENUE
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: MGRM () Delete
Name: TABOADA, VIOLA
Address: 124 N.W. 12TH AVENUE
City-St-Zip: CRYSTAL RIVER, FL 34428

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JUANITO C. TABOADA

MGRM

06/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date