


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90138 036 ****50.00

DOCUMENT # L04000068412	
1. Entity Name FRANGIE LLC	

Principal Place of Business 75 LOGAN BLVD. SOUTH NAPLES, FL 34119 US	Mailing Address 75 LOGAN BLVD. SOUTH NAPLES, FL 34119 US
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60013915



2. Principal Place of Business - No P.O. Box # 5270 Golden Gate Pkwy	3. Mailing Address 5270 Golden Gate Pkwy
Suite, Apt. #, etc. 122	Suite, Apt. #, etc. 122

02062007 Chg-LLC CR2E083 (12/06)

City & State Naples, Florida	City & State Naples, Florida	4. FEI Number 20-1641489	Applied For Not Applicable
Zip 34116	Country Collier	Zip 34116	Country Collier

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

FORM-A-CORP LLC
 100 VILLAGE SQUARE CROSSING
 SUITE 103
 PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 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 reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANGIE, GHASSOUB 75 LOGAN BLVD. SOUTH NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANGIE, MARY 75 LOGAN BLVD. SOUTH NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE: **Feb-6-2007** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE