

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000070914**

1. Entity Name  
**LAMONTE CAFE, LLC**



Principal Place of Business

**C/O J. PAUL RAYMOND, ESQ.  
625 COURT STREET  
BRANDON, FL 33511**

Mailing Address

**C/O J. PAUL RAYMOND, ESQ.  
855 E. BRANDON BLVD, STE. 1  
BRANDON, FL 33511**



03182008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**11-3731793**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RAYMOND, J. PAUL  
625 COURT STREET  
CLEARWATER, FL 33756**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**U000000946889**  
**05/30/08-80067-013 138.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LAMONTE, CAROL
STREET ADDRESS	2118 OAK HILL DRIVE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	MGRM
NAME	LAMONTE, NANCY
STREET ADDRESS	1929 11TH STREET NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704
TITLE	MGRM
NAME	LAMONTE, BEN
STREET ADDRESS	4201 SAN JUAN
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*4/28/08*

*813-417-5820*