


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90208 033 ****50.00

DOCUMENT # L04000088916

1. Entity Name
JUDYFRITZ, LLC



Principal Place of Business
244 SHOPPING AVENUE, SUITE 194
SARASOTA, FL 34237

Mailing Address
9933 ALLIANCE ROAD
C/O VAL-PAK OF CINCINNATI, INC.
CINCINNATI, OH 45242

20046118

2. Principal Place of Business
5407 Durango Ave.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State
Zip
34235 Country
USA

05052006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2035030

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
DELUCA, ROBERT
856 32ND ST
SARASOTA, FL 34234

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 Robert Deluca
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SLATTERY, ROBERT J 7855 SHAWNEE RUN ROAD CINCINNATI, OH 45243 <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	<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: *Robert Deluca* **5/15/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Co./Home Phone #