

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000092134**

1. Entity Name  
**ST. CYRIL, L.L.C.**



Principal Place of Business  
**2986 SHANNON CIRCLE  
PALM HARBOR, FL 34684**

Mailing Address  
**2986 SHANNON CIRCLE  
PALM HARBOR, FL 34684**



02072006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**36-4565751**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**AKHNOUKH, AKHNOUKH  
2986 SHANNON CIRCLE  
PALM HARBOR, FL 34684**

**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 city if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	AKHNOUKH, AKHNOUKH
STREET ADDRESS	2986 SHANNON CIRCLE
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	MGR
NAME	BESSADA, ASHRAF
STREET ADDRESS	3184 CRESCENT OAKS BLVD.
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	MGR
NAME	SAID, NADER
STREET ADDRESS	1214 BERKSHIRE LANE
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000541336  
05/10/06-80055-011 50.00

**DO NOT WRITE  
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 606, Florida Statutes.

**SIGNATURE:**

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

Date

Daytime Phone #

**4/20/06**