

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 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**

DO NOT WRITE IN THIS SPACE



04242007 No Chg-LLC

CR2E083 (11/05)

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

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	

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05/16/07-80054-002 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 608, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

4/24/07