#### 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # L05000006097

1. Entity Name

TANGO OF PINELLAS, LLC



Principal Place of Business

Mailing Address

1560 GULF BLVD. #1401 CLEARWATER, FL 33756

1560 GULF BLVD. #1401 CLEARWATER, FL 33756

# **FILED** Mar 16, 2007 8:00 am **Secretary of State**

03-16-2007 90155 022 \*\*\*\*50.00



03012007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number				Applied For
NOT APPLICABLE				Not Applicable
5 Cortificate of Status Desired	п	\$5.0	10	Additional

Fee Required

6.	Name	and	Address	of Curren	t Registered	Agen

LYONS, GARY WESQ. 311 SOUTH MISSOURI AVE. CLEARWATER, FL 33756

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<ol><li>The above named entity submits this statement for the purpose of cha the obligations of registered agent.</li></ol>	inging its registered office or registered agent, or both, in th	e State of Florida. I am familiar with, and accept
SIGNATURE Sphalure, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MICHELS, IDA ANN
STREET ADDRESS	1560 GULF BLVD. #1401
CITY-ST-ZIP	CLEARWATER, FL 33756 33761
TITLE	MGR
NAME	MICHELS, STANLEY
STREET ADDRESS	1560 GULF BLVD. #1401
CITY-ST-ZIP	CLEARWATER, FL 55767
TITLÉ	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-\$T-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<u> </u>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby	certify that the information supplied with this filing does not qualify for the

### DO NOT WRITE IN THIS SPACE

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 AND TYPED OR PRINTED NAME OF SIGNING