## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## May 05, 2006 8:00 am Secretary of State DOCUMENT # L05000021406 1. Entity Name 05-05-2006 90023 015 \*\*\*\*55.00 GRAZIN' MOOSE MARKET, LLC Principal Place of Business Mailing Address 111 RIO VILLA DRIVE 111 RIO VILLA DRIVE PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/05) 4. FEI Number 20-2442800 City & State City & State Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** City 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 SIGNATURE Signature, typed or printed name of registered agent and title diapolicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. ☑ Change ☐ Addition TITLE MGR Delete TITLE NAME NAME HAJNEY, MARY L 111 Rio Villa Brive STREET ADDRESS STREET ADDRESS 110 RIO VILLA DRIVE CITY-ST-ZIP PUNTA GORDA FL 33950 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE 111 Rio Villa Brive HAJNEY, MICHAEL J NAME STREET ADDRESS STREET ADDRESS 110 RIO VILLA DRIVE CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL 33950 TITLE ☐ Delete TITLE Change Addition 111 RIO VITTA Brive NAME NAME HAJNEY, MICHAEL J STREET ADDRESS STREET ADDRESS 110 RIO VILLA DRIVE CITY-ST-ZIP PUNTA GORDA FL 33950 CITY-ST-ZIP ☐ Delete ☐ Addition III RIO VIlla Brive HAJNEY, MARY L NAME NAME STREET ADDRESS 110 RIO VILLA DRIVE STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33950 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

GING MEMBER. A ANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**