## **2006 LIMITED LIABILITY COMPANY**

## ANNUAL REPORT

## Apr 05, 2006 8:00 am Secretary of State DOCUMENT # L05000023789 04-05-2006 90017 039 \*\*\*\*50.00 PENGUIN'S FROZEN AND GOURMET DELIGHTS, LLC HUUNZUUH Principal Place of Business Mailing Address **4079 GREYSTONE DRIVE 4079 GREYSTONE DRIVE** CLERMONT, FL 34711 CLERMONT, FL 34711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03132006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-2470472 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZITZKA, JOSEPH W JR. Street Address (P.O. Box Number is Not Acceptable) 215 NORTH EOLA DRIVE ORLANDO, FL 32801 City Zip Code FI 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, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE ☐ Delete TITLE Change XX Addition MGR NAME PEAK PERFORMANCE HOLDINGS, INC. NAME STREET ADDRESS STREET ADDRESS **4079 GREYSTONE DRIVE** CITY-ST-ZIP CITY-ST-ZIP CLERMONT, FL 34711 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

**FILED** 

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.

NAME

STREET ADDRESS

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

PEAK PERFORMANCE HOLDINGS, INC. a Florida corporation.

ARTHUR C. PADOAN, PRESIDENT

NAME

STREET ADDRESS

SIGNATURE: By:

CITY-ST-ZIP