


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90034 010 \*\*\*\*50.00

<b>DOCUMENT # L05000032611</b>	
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1. Entity Name  
**TAMPA'S TASTE, LLC**

Principal Place of Business  
**120 BOSPHOROUS AVE.  
TAMPA, FL 33606**

Mailing Address  
**120 BOSPHOROUS AVE.  
TAMPA, FL 33606**

40000401

2. Principal Place of Business

3. Mailing Address  
**3501 N. Armenia Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05032006 Chg-LLC CR2E083 (11/05)

City & State

City & State  
**Tampa, FL**

4. FEI Number

**29-0395471**

Applied For  
Not Applicable

Zip

Country

Zip

**33607**

Country

**USA**

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIPO'S LATIN CAFE, INC.  
120 BOSPHOROUS AVE.  
TAMPA, FL 33606**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 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 September 6, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HERNANDEZ, DANIEL	
STREET ADDRESS	120 BOSPHOROUS AVE.	
CITY-ST-ZIP	TAMPA, FL 33606	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*[Signature]* **Daniel Hernandez - MGR** 5/3/06 813-846-7471