

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L05000033516

1. Entity Name
IPIRUS HOLDINGS, L.L.C.



Principal Place of Business
**2693 WESTCHESTER DR. N.
CLEARWATER, FL 33761 US**

Mailing Address
**2693 WESTCHESTER DR. N.
CLEARWATER, FL 33761 US**



03212006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2627681

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANGELA STATHOPOULOS, P.A.
1732 INDIAN ROCKS RD.
BELLEAIR, FL 33756**

**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, 2006**

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04/07/06-80004-021.50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STATHOPOULOS, ANGELA
P.O. BOX 98
LARGO, FL 33779**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
STATHOPOULOS, TOM B
2693 WESTCHESTER DR. N.
CLEARWATER, FL 33761**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

TOM B. STATHOPOULOS

3/21/06

Date

Daytime Phone #

**727-656-
6868**