## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

obero

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## **Secretary of State** DOCUMENT #L05000048426 1. Entity Name ROBERT MIRTO, LLC 02-08-2006 90088 014 \*\*\*\*55.00 Principal Place of Business Mailing Address **\*\*\*\*\*\*\*\*\*\*\*** 1811 GULF BLVD. 1811 GULF BLVD. INDIAN ROCKS BEACH, FL 33785 INDIAN ROCKS BEACH, FL 33785 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip 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 MIRTO, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 1811 GULF BLVD. INDIAN ROCKS BEACH, FL 33785 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 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 10, ADDITIONS/CHANGES 9. MGR TITLE Addition TITLE Delete ☐ Change MIRTO, ROBERT M NAME NAME STREET ADDRESS 2205 20TH STREET STREET ADDRESS INDIAN ROCKS BEACH, FL 33785 CITY-ST-ZIP CITY-ST-ZIP 4 ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADORESS STREET ADDRESS CMY-ST-ZIP CITY-ST-ZIP 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 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.

**FILED** 

Feb 08, 2006 8:00 am

2-05-66 (727)418-6942