

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90364 048 ****50.00

DOCUMENT # L05000057016

1. Entity Name
TAVERNA OPA FRANCHISE, LLC



Principal Place of Business
6960 NW 3RD AVENUE
BOCA RATON, FL 33487

Mailing Address
6960 NW 3RD AVENUE
BOCA RATON, FL 33487

40075203



04052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2983125

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TSALIAMANIS, PETER
6960 NW 3RD AVENUE
BOCA RATON, FL 33487

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TSIALIAMANIS, PETER
STREET ADDRESS	6960 NW 3RD AVENUE
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	MGR
NAME	TSIALIAMANIS, SOPHIA <i>Theodore</i>
STREET ADDRESS	6960 NW 3RD AVE
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	MGR
NAME	TSIALIAMANIS, KALLIOPE
STREET ADDRESS	6960 NW 3RD AVE
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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

Date

Daytime Phone #

4-10-07

954-922-2250