


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90048 021 \*\*\*\*50.00

<b>DOCUMENT # L05000087372</b>	
1. Entity Name <b>REMEMBERING NEVER GRIMACE SQUAD, LLC</b>	

Principal Place of Business <del>6804 N.W. 76TH STREET</del> <del>TAMARAC, FL 33321</del>	Mailing Address <del>6804 N.W. 76TH STREET</del> <del>TAMARAC, FL 33321</del>
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40058006



2. Principal Place of Business <b>4600 NW 59 CT.</b>	3. Mailing Address <b>4600 NW 59 CT.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03112006 Chg-LLC CR2E083 (11/05)

City & State <b>TAMARAC, FLORIDA</b>	City & State <b>TAMARAC, FLORIDA</b>
Zip <b>33319</b>	Country <b>BROWARD</b>
Zip <b>33319</b>	Country <b>BROWARD</b>


4. FEI Number <b>59-3816600</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<del>SPIEGEL &amp; UTRERA, P.A.</del> <del>1840 SW 22ND ST.</del> <del>4TH FLOOR</del> <del>MIAMI, FL 33145</del>	

7. Name and Address of New Registered Agent	
Name <b>PETER KOWALSKY</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>4600 NW 59th COURT</b>	
City <b>TAMARAC</b>	FL Zip Code <b>33319</b>

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 	DATE
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**Filing Fee is \$50.00**  
**Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOWALSKY, PETER <del>6804 N.W. 76TH STREET</del> <del>TAMARAC, FL 33321</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURGER, DANIEL <del>6804 N.W. 76TH STREET</del> <del>TAMARAC, FL 33321</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEONARD, ANTHONY <del>6804 N.W. 76TH STREET</del> <del>TAMARAC, FL 33321</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, ALDO <del>6804 N.W. 76TH STREET</del> <del>TAMARAC, FL 33321</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4600 NW 59 COURT</b> <b>TAMARAC, FLA 33319</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4600 NW 59 COURT</b> <b>TAMARAC, FLA. 33319</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4600 NW 59 COURT</b> <b>TAMARAC, FLA. 33319</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4600 NW 59 COURT</b> <b>TAMARAC, FLA. 33319</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date	Daytime Phone #
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**PETER KOWALSKY**