May. 1 2006 8:34AM

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

04-19-2006 90018 013 ****50.00

DOCUMENT # L05000091523

1. Entity Name
~~GUTTS, LLC~~
Guts, LLC

300071131

Principal Place of Business	Mailing Address
825 NE 5TH AVENUE DEERFIELD BEACH, FL 33441	825 NE 5TH AVENUE DEERFIELD BEACH, FL 33441

02212005 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 13-4309407 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EHRKE, HANS
825 NE 5TH AVENUE
DEERFIELD BEACH, FL 33441

7. Name and Address of New Registered Agent

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 ______ DATE

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	MGRM EHRKE, HANS 825 NE 5TH AVENUE DEERFIELD BEACH, FL 33441	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EHRKE, MARILYN 825 NE 5TH AVENUE DEERFIELD BEACH, FL 33441	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES ☐ Change ☐ Addition

Lawyer Ros sent error correction for spelling of Guts (only 1 T) but it still shows up on comp. as 2 Ts as of March
Marilyn

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #