

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-29-2006 90020 016 ****50.00

DOCUMENT # L05000092627	
1. Entity Name GRECO & DAUGHTERS LLC	

Principal Place of Business 314 S.E. FISK ROAD PORT ST. LUCIE, FL 34984 US	Mailing Address 314 S.E. FISK ROAD PORT ST. LUCIE, FL 34984 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03172006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3717545	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GRECO, CAMILLE 314 S.E. FISK ROAD PORT ST. LUCIE, FL 34984		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRECO, CAMILLE 314 S.E. FISK ROAD PORT ST. LUCIE, FL 34984 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRECO, DANIELLE 314 S.E. FISK ROAD PORT ST. LUCIE, FL 34984 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRECO, MICHELLE 314 S.E. FISK ROAD PORT ST. LUCIE, FL 34984 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRECO, ANDREW 314 S.E. FISK ROAD PORT ST. LUCIE, FL 34984 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u><i>Camille Greco</i></u>	Date: <u>3/23/06</u>	Daytime Phone #: <u>772 3373403</u>
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