

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # L05000097933

1. Entity Name
SIESTA VENDING, LLC



Principal Place of Business
**5254 OCEAN BLVD.
SARASOTA, FL 34242 US**

Mailing Address
**5254 OCEAN BLVD.
SARASOTA, FL 34242 US**



04022008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3593278

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SYPRETT, TROY D
5254 OCEAN BLVD.
SARASOTA, FL 34242**

**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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GROVER, MATTHEW H 5254 OCEAN BLVD SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTHES, RUSSELL A 5254 OCEAN BLVD SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SYPRETT, TROY D 5254 OCEAN BLVD SARASOTA, FL 34242
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Troy Syrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/14/08

941-346-1664