

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90019 003 ****50.00

DOCUMENT # L05000099846

1. Entity Name
BOWL-A-GRANOLA & 4TH STREET GRANOLA BAR, LLC



Principal Place of Business
**230 4TH STREET N
ST PETERSBURG, FL 33701**

Mailing Address
**230 4TH STREET N
ST PETERSBURG, FL 33701**

40064148



01152006 Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3819903 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KEGLOVICH, MICHAEL J
5510 18TH AVE N
ST PETERSBURG, FL 33710**

7. Name and Address of New Registered Agent

Name **Guidicessi, Margaret I**
Street Address (P.O. Box Number is Not Acceptable)
232 4th St. N #30
City **St. Petersburg** FL Zip Code **33701**

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 **Margaret I Guidicessi** 3/26/06
(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**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **GUIDICESSI, MARGARET I**
STREET ADDRESS **232 4TH STREET N #30**
CITY-ST-ZIP **ST PETERSBURG, FL 33701**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☒ Delete
NAME **KEGLOVICH, MICHAEL J**
STREET ADDRESS **5510 18TH AVE N**
CITY-ST-ZIP **ST PETERSBURG, FL 33710**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/26/06 (727) 251 7137