


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90146 038 ****50.00

DOCUMENT # L05000103107	
1. Entity Name CUCINA MIA LLC	

Principal Place of Business 6012 NW 168TH STREET ALACHUA FL 32615	Mailing Address 6012 NW 168TH STREET ST ALACHUA FL 32615
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2. Principal Place of Business - No P.O. Box # 13005 S.W. 1st Road	3. Mailing Address 13005 S.W. 1st Road Suite
Suite, Apt. #, etc. Suite #141	Suite, Apt. #, etc. Suite #141
City & State Tioga Florida	City & State Tioga Florida
Zip 3266	Country Alachua
Zip 32669	Country Alachua

1st MOORE CR2E083 (10/06)

4. FEI Number 20-3643774	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIAPPONE, KAREN J 6012 NW 168TH STREET ALACHUA FL 32615	
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 Karen J. Chiappone - Owner Karen Chiappone 3/8/07
Signature, typed or printed name of registered agent, and title if applicable (NOT if Registered Agent signature required when fees change) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM CHIAPPONE, KAREN J 6012 NW 168TH STREET ALACHUA FL 32615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Karen Chiappone Karen Chiappone 3/8/07 352-333-6167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #