

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000105316**

1. Entity Name

**MADDIE'S ROOST, LLC**



Principal Place of Business

**637 E. RED HOUSE BRANCH ROAD  
ST. AUGUSTINE FL 32084**

Mailing Address

**637 E. RED HOUSE BRANCH ROAD  
ST. AUGUSTINE FL 32084**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

City & State

4. FEI Number

**03-0574306**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOTTA, CAROL  
637 E. RED HOUSE BRANCH ROAD  
ST. AUGUSTINE FL 32084**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **BOTTA, JOHN**  
CITY - ST - ZIP **637 E. RED HOUSE BRANCH ROAD  
ST. AUGUSTINE FL 32084**

TITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **BOTTA, CAROL**  
CITY - ST - ZIP **637 E. RED HOUSE BRANCH ROAD  
ST. AUGUSTINE FL 32084**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**U00000737803  
05/11/07-80042-017 50.00**

☐ Change ☐ Addition

TITLE  
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NAME  
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CITY - ST - ZIP

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:** *Carol A. Botta* **CAROL A. BOTTA** **4/23/07** **904-819-6536**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #