

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 14, 2006 8:00 am
Secretary of State

05-01-2006 90081 021 ****50.00

DOCUMENT # L05000109039

1. Entity Name
SUGAR TOO ACQUISITIONS II, LLC



Principal Place of Business
**1887 WEST STATE ROAD 84
FT. LAUDERDALE, FL 33315 US**

Mailing Address
**1887 WEST STATE ROAD 84
FT. LAUDERDALE, FL 33315 US**

30010344



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252008 Chg-LLC CR2E083 (11/05)

4. FEI Number
68-0555157

Applied For
Not Applicable

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

**D'ESPES, KEVIN J ESQ
5918 NW 64TH CIRCLE
CORAL SPRINGS, FL 33067**

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 substituting)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BETTIS, KELLY R
1217 LAKESHORE
MESQUITE, TX 75149** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF EACH OF RECORDING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

6-06-06

972-285-5257

Date

Daytime Phone #