

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 19 AM 10:06

DOCUMENT # L05000109691

1. Entity Name
LUCKY SHAMROCK VENDING, LLC



Principal Place of Business
10959 NASHVILLE DR
COOPER CITY, FL 33026 US

Mailing Address
10959 NASHVILLE DR
COOPER CITY, FL 33026 US

2. Principal Place of Business

10959 Nashville Dr

3. Mailing Address

10959 Nashville Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04152006 Chg-LLC CR2E083 (11/05)

City & State

Cooper City FL

City & State

Cooper City FL

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

33026

Country

Broward

Zip

33026

Country

Broward

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

6. Name and Address of Current Registered Agent

TOWLE, DOUG
10959 NASHVILLE DR
COOPER CITY, FL 33026

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME TOWLE, DOUG
STREET ADDRESS 10959 NASHVILLE DR
CITY-ST-ZIP COOPER CITY, FL 33026

TITLE MGRM
NAME SHANNON, DAN
STREET ADDRESS 8245 PHOENICIAN CT
CITY-ST-ZIP DAVIE, FL 33328

TITLE MGRM
NAME BATTAGLIA, JEFF
STREET ADDRESS 11036 S.S. 40TH CT
CITY-ST-ZIP DAVIE, FL 33330

TITLE MGRM
NAME TOWLE, ROBIN L
STREET ADDRESS 10959 NASHVILLE DR
CITY-ST-ZIP COOPER CITY, FL 33026

TITLE MGRM
NAME SHANNON, JOLIE
STREET ADDRESS 8245 PHOENICIAN CT
CITY-ST-ZIP DAVIE, FL 33328

TITLE MGRM
NAME BATTAGLIA, RENAE
STREET ADDRESS 11036 SW 40TH CT
CITY-ST-ZIP DAVIE, FL 33330

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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

Daytime Phone #