

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90046 027 \*\*\*\*50.00

**DOCUMENT # L05000112956**

1. Entity Name

**BIG FRANK'S A/C, LLC**



Principal Place of Business

**8015 JACKSON SPRINGS RD  
TAMPA FL 33615**

Mailing Address

**8015 JACKSON SPRINGS RD  
TAMPA FL 33615**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

**EIN 203831068**

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

**RAMIREZ FUENTES, FRANCISCO R  
8015 JACKSON SPRING RD  
TAMPA FL 33615**

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 of typist or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when rate letter)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State.  
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RAMIREZ FUENTES, FRANCISCO R  
8015 JACKSON SPRINGS RD  
TAMPA FL 33615**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**2-26-06 813-8843873**