



# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**06 DEC 14 AM 8:25**

<b>DOCUMENT # L05000113068</b> 1. Entity Name <b>GIORGIOS, LLC</b>	
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Principal Place of Business <b>1101 S. MISSOURI AVE. CLEARWATER, FL 33756</b>	Mailing Address <b>1101 S. MISSOURI AVE. CLEARWATER, FL 33756</b>
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2. Principal Place of Business	3. Mailing Address	12112006 Chg-LLC CR2E083 (11/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number <b>20-3862620</b>
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required


Applied For <input type="checkbox"/> Not Applicable

<b>6. Name and Address of Current Registered Agent</b>  <b>MELANDINOS, MINA 873 CYPRESS COVE WAY TARPON SPRINGS, FL 34688</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Amended AR is \$50.00</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	<b>MGR</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>MGRM</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MELANDINOS, GEORGE</b>		NAME	<b>Mina Melandinos</b>	
STREET ADDRESS	<b>2428 PARKSTREAM AVE</b>		STREET ADDRESS	<b>873 Cypress Cove Way</b>	
CITY-ST-ZIP	<b>CLEARWATER, FL 33759</b>		CITY-ST-ZIP	<b>Tarpon Springs FL 34688</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<b>500082542735</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	<b>12/14/06--01022--004 **50.00</b>	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** *Mina Melandinos* 12/11/06 727-934-4188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Mina Melandinos, Managing Member