

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113068

FILED  
Aug 25, 2007  
Secretary of State

Entity Name: GIORGIOS, LLC

**Current Principal Place of Business:**

1101 S. MISSOURI AVE.  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

1101 S. MISSOURI AVE.  
CLEARWATER, FL 33756

**New Mailing Address:**

FEI Number: 20-3862620      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MELANDINOS, MINA  
873 CYPRESS COVE WAY  
TARPON SPRINGS, FL 34688      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: MELANDINOS, GEORGE  
Address: 2428 PARKSTREAM AVE  
City-St-Zip: CLEARWATER, FL 33759

Title: MGRM      ( ) Delete  
Name: MELANDINOS, MINA  
Address: 873 CYPRESS COVE WAY  
City-St-Zip: TARPON SPRINGS, FL 34688

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MRS.

08/25/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date