

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 30, 2007 8:00 am
Secretary of State

05-30-2007 90081 013 ***150.00

DOCUMENT # L05000118774

1. Entity Name
SCOOPS IN THE SPRINGS LLC



Principal Place of Business
**58 CURTISS PARKWAY
MIAMI SPRINGS, FL 33166**

Mailing Address
**4712 NW 165TH STREET
MIAMI GARDENS, FL 33014**

60051251



03222007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4259345	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable
\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**VICO, ROBERT
571 NIGHTINGALE AVENUE
MIAMI SPRINGS, FL 33166**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	VICO, ROBERT
STREET ADDRESS	571 NIGHTINGALE AVENUE
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166

TITLE	MGRM
NAME	ARCE-VICO, CRISTINA
STREET ADDRESS	571 NIGHTINGALE AVENUE
CITY-ST-ZIP	MIAM SPRINGS, FL 33166

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

3/25/07
Date

305-625-4422
Daytime Phone #