

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000004869

Entity Name: GOURMEZZA, L.L.C.

FILED  
Feb 06, 2007  
Secretary of State

## Current Principal Place of Business:

6630 GRANDE ORCHID WAY  
DELRAY BEACH, FL 33446

## New Principal Place of Business:

104 CALYPSO DR  
FORT PIERCE, FL 34947

## Current Mailing Address:

6630 GRANDE ORCHID WAY  
DELRAY BEACH, FL 33446

## New Mailing Address:

104 CALYPSO DR  
FORT PIERCE, FL 34947

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BOLDRIN, ANA V MS.  
6630 GRANDE ORCHID WAY  
DELRAY BEACH, FL 33446 US

## Name and Address of New Registered Agent:

BOLDRIN, ANA V MRS  
6630 GRANDE ORCHID WAY  
DELRAY BEACH, FL 33447 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: L06000004869

02/06/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BOLDRIN, ANA V MS.  
Address: 6630 GRANDE ORCHID WAY  
City-St-Zip: DELRAY BEACH, FL 33446

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition  
Name: VERLEZZA, VICTOR A MR.  
Address: 104 CALYSO DR  
City-St-Zip: FORT PIERCE, FL 34947

I hereby certify that the information supplied with this filing does not qualify for the 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: VERLEZZA VICTOR

MR.

02/06/2007

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