


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Jul 09, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90031 001 \*\*\*\*50.00

<b>DOCUMENT # L06000007690</b>	
1. Entity Name <b>CHEEZE GRITZ, LLC.</b>	

Principal Place of Business <b>1078 FOURTEENTH AVE. NO ST. PETERSBURG, FL 33705 US</b>	Mailing Address <b>1078 FOURTEENTH AVE. NO ST. PETERSBURG, FL 33705 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State  Zip Country	City & State  Zip Country

	
07032007 Chg-LLC CR2E083 (12/06)	
4. FEI Number <b>20-5901141</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>WARREN, JOHN B 1078 FOURTEENTH, AVE, NO ST. PETERSBURG, FL 33705</b>	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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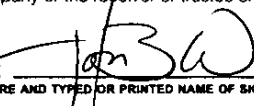
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by September 14, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WARREN, JOHN B 1078 14TH AVE. NO ST. PETERSBURG, FL 33705</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **7-3-07-** **727-458-4964**

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

# ATTACHMENT

July 3, 2007

Re: Annual LLC report with Dept. requested corrections

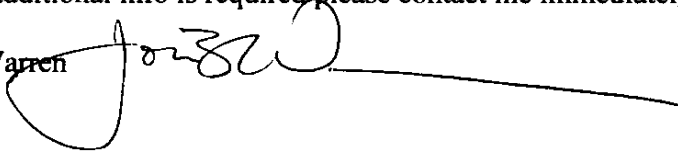
30011592  
# L0600000 7690

To who it may concern,

Please find enclosed a revised annual report, including requested FEI Number.  
I understand you're holding the earlier report and check pending this information.

If any additional info is required please contact me immediately at 727-458-4964.

John Warren

A handwritten signature in black ink, appearing to read "John Warren", followed by a long horizontal line extending to the right.