## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## May 27, 2008 8:00 am Secretary of State **DOCUMENT # L06000009818** 1. Entity Name DUNEDIN DONUTS, LLC 05-27-2008 90371 021 \*\*\*138.75 Principal Place of Business Mailing Address 1461 MAIN STREET 1461 MAIN STREET BOOLDUDG DUNEDIN, FL 34698 DUNEDIN, FL 34698 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05222008 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State 20-4156311 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRUM, VIRGINIO Street Address (P.O. Box Number is Not Acceptable) 1461 MAIN STREET DUNEDIN, FL 34698 City Zip Code 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) FILE NOWIII FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to liability company did not receive the prior notice. Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BRUM, VIRGINIO NAME STREET ADDRESS 2786 JARVIS CIRCLE STREET ADDRESS PALM HARBOR, FL 34683 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE ☐ Delete TITEF Change ☐ Addition BRUM, LUCY NAME 2786 JARVIS CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34683 CITY-ST-7P MGRM ☐ Delete TITLE ☐ Change ☐ Addition NAME RESENDES, JOSE M NAME STREET ADDRESS 2003 CHESAPEAKE COURT STREET ADDRESS CITY-ST-ZIP OLDSMAR, FL 34677 CITY-ST-ZIP MGRM ☐ Delete TITLE TITLE ☐ Change ☐ Addition RESENDES, MARIA E NAME 2003 CHESAPEAKE COURT STREET ADORESS STREET ADDRESS CITY-ST-ZIP OLDSMAR, FL 34677 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

**FILED** 

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.

CITY-ST-ZIP

LUCIA M BRUM MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE