

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90342 040 \*\*\*\*50.00

DOCUMENT # L06000031265

1. Entity Name  
SPRINKLES, LLC



Principal Place of Business  
20020 VETERANS BLVD.  
22  
PORT CHARLOTTE, FL 33954

Mailing Address  
20020 VETERANS BLVD.  
22  
PORT CHARLOTTE, FL 33954

2. Principal Place of Business - No P.O. Box #  
18151 MURDOCK CIRCLE  
Suite, Apt. #, etc.

3. Mailing Address  
18151 MURDOCK CIRCLE  
Suite, Apt. #, etc.



01112007 Chg-LLC CR2E083 (12/06)

City & State  
PORT CHARLOTTE, FL  
Zip 33948 Country USA

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PORT CHARLOTTE, FL  
Zip 33948 Country USA

4. FEI Number 86-1164191  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CUGINI, DANIEL M  
20020 VETERANS BLVD.  
22  
PORT CHARLOTTE, FL 33954

## 7. Name and Address of New Registered Agent

Name CUGINI, DANIEL M  
Street Address (P.O. Box Number is Not Acceptable)  
18151 MURDOCK CIRCLE  
City PORT CHARLOTTE FL Zip Code 33948

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

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME CUGINI, DANIEL M  
STREET ADDRESS 20020 VETERANS BLVD, #22  
CITY-ST-ZIP PORT CHARLOTTE, FL 33954

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME CUGINI, DANIEL M  
STREET ADDRESS 18151 MURDOCK CIRCLE  
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: DANIEL M CUGINI

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

1/11/07

Date

841 628-1115

Daytime Phone #