

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90142 017 \*\*\*\*50.00

**DOCUMENT # L06000055974**

1. Entity Name  
A BETTER WAY-56TH STREET, LLC.



Principal Place of Business  
~~7850 56TH STREET NORTH~~  
~~PINELLAS PARK, FL 33781~~

Mailing Address  
1465 ROGERS STREET  
CLEARWATER, FL 33756

2. Principal Place of Business - No P.O. Box #  
1465 Rogers Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Clearwater, FL

City & State

03142007 Chg-LLC CR2E083 (12/06)



4. FEI Number  
204980690

Applied For  
Not Applicable

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

Zip  
33756

Country  
USA

Zip

Country

## 6. Name and Address of Current Registered Agent

GAMOTIS, DELANE M  
1465 ROGERS STREET  
CLEARWATER, FL 33756

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

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

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME GAMOTIS, DELANE M  
STREET ADDRESS 1465 ROGERS STREET  
CITY-ST-ZIP CLEARWATER, FL 33765

TITLE MGRM ☒ Delete  
NAME NORTHRUP, BRIAN T  
STREET ADDRESS 1953 BYRAM CIRCLE  
CITY-ST-ZIP CLEARWATER, FL 33755

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  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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:**

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

Date

Daytime Phone #

Delane M. Gamotis  
Managing Member