

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90033 014 \*\*\*\*55.00

**DOCUMENT # L06000056460**

**1. Entity Name**  
**TOO GUTTA ENTERTAINMENT LLC**



**Principal Place of Business**  
**1503 CARBONDALE DRIVE NORTH**  
**JACKSONVILLE, FL 32208 US**

**Mailing Address**  
**1503 CARBONDALE DRIVE NORTH**  
**JACKSONVILLE, FL 32208 US**

**60038187**



**2. Principal Place of Business - No P.O. Box #**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142007 Chg-LLC CR2E083 (12/06)

**4. FEI Number**

Applied For

☒ Not Applicable

**5. Certificate of Status Desired**

☒

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MARSHALL, FRANK T JR**  
**1503 CARBONDALE DRIVE NORTH**  
**JACKSONVILLE, FL 32208**

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**

**10. ADDITIONS/CHANGES**

**TITLE** MGR ☐ Delete  
**NAME** MARSHALL, FRANK T JR  
**STREET ADDRESS** 1503 CARBONDALE DRIVE NORTH  
**CITY-ST-ZIP** JACKSONVILLE, FL 32208

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
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**NAME**  
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**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:** *Frank T Marshall Jr*

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

*4/15/07*

Date

*904-353-0459*

Daytime Phone #