

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000056628

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** HOGS BREATH, LLC

**Current Principal Place of Business:**

5015 E HILLSBOROUGH AVE  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

5015 E HILLSBOROUGH AVE  
TAMPA, FL 33610

**New Mailing Address:**

**FEI Number:** 20-5091899

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LABARBERA, MICHAEL D  
1907 W KENNEDY BLVD  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: THOMPSON, LESLIE V  
Address: 5015 E HILLSBOROUGH AVE  
City-St-Zip: TAMPA, FL 33610

Title: MGRM  
Name: THOMPSON, TAMI Y  
Address: 5015 E HILLSBOROUGH AVE  
City-St-Zip: TAMPA, FL 33610

Title: MGRM  
Name: SUPAN, THOMASENA L  
Address: 4809 EHRLICH ROAD STE 203  
City-St-Zip: TAMPA, FL 33624

Title: MGRM  
Name: KOCSIS, BRIAN S  
Address: 5015 E HILLSBOROUGH AVE  
City-St-Zip: TAMPA, FL 33610

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: THOMASENA SUPAN

MGMR

01/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date