

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059084

Entity Name: LITTLE GRINGO CABANAS, LLC

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

5305 GARDEN LANE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

5305 GARDEN LANE
TAMPA, FL 33610

New Mailing Address:

401 N. HOWARD AVE
TAMPA, FL 33606

FEI Number: 20-4999511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDLEY, JASON
5305 GARDEN LANE
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

KOEHLER, KEITH W CPA
401 N. HOWARD AVE
TAMPA, FL 33606 US

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: KEITH W. KOEHLER

04/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MMGR () Change (X) Addition
Name: MELANSON, BRUCE A
Address: 5305 GARDEN LANE
City-St-Zip: TAMPA, FL 33610 US

Title: MMGR () Change (X) Addition
Name: MEDLEY, JASON
Address: 5305 GARDEN LANE
City-St-Zip: TAMPA, FL 33610 US

Title: MMGR () Change (X) Addition
Name: JEFFERY, TROXEL S
Address: 5305 GARDEN LANE
City-St-Zip: TAMPA, FL 33610 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: BRUCE A. MELANSON

MMGR

04/26/2007

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