

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000059084

**FILED**  
**Jan 21, 2010**  
**Secretary of State**

**Entity Name:** LITTLE GRINGO CABANAS, LLC

**Current Principal Place of Business:**

5305 GARDEN LANE  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

401 N. HOWARD AVE  
TAMPA, FL 33606

**New Mailing Address:**

**FEI Number:** 20-4999511

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOEHLER, KEITH W CPA  
401 N. HOWARD AVE  
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: MMGR  
Name: MELANSON, BRUCE A  
Address: 5305 GARDEN LANE  
City-St-Zip: TAMPA, FL 33610 US

Title: MMGR  
Name: MEDLEY, JASON  
Address: 5305 GARDEN LANE  
City-St-Zip: TAMPA, FL 33610 US

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

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:** BRUCE MELANSON

MMGR

01/21/2010

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