

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000074222

1. Entity Name  
MITZI'S DIPS, LLC



Principal Place of Business  
1201 EAST BAY DRIVE  
LARGO, FL 33771 US

Mailing Address  
504 CLEVELAND AVENUE  
LARGO, FL 33770 US

**FILED**  
**Sep 10, 2008 08:00 AM**  
**Secretary of State**



07142008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-2599548

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

HAWES, MITZI R  
504 CLEVELAND AVENUE  
LARGO, FL 33770

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U000000959441  
09/10/08-80005-006 138.75

**9. MANAGING MEMBERS/MANAGERS**

|                |                      |
|----------------|----------------------|
| TITLE          | MGRM                 |
| NAME           | HAWES, MITZI R       |
| STREET ADDRESS | 504 CLEVELAND AVENUE |
| CITY-ST-ZIP    | LARGO, FL 33770      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
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| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #