

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113892

FILED  
Apr 05, 2007  
Secretary of State

Entity Name: CURB-TASTIC LLC

**Current Principal Place of Business:**

21247 DAVISON AVE  
PORT CHARLOTTE, FL 33954 US

**New Principal Place of Business:**

**Current Mailing Address:**

21247 DAVISON AVE  
PORT CHARLOTTE, FL 33954 US

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BARKER, STEVE  
21247 DAVISON AVE  
PORT CHARLOTTE, FL 33954 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 ( ) Delete  
Name: BARKER, STEVENS  
Address: 21247 DAVISON AVE  
City-St-Zip: PORT CHARLOTTE, FL 33954 US

Title: MGRM ( ) Delete  
Name: ESTRADA, KEVIN  
Address: P.O. BOX 380116  
City-St-Zip: MURDOCK, FL 33938 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVE BARKER

MGR

04/05/2007

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