

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L97000001019

1. Entity Name  
MESA SWAP MEET, L.C.



Principal Place of Business  
24 PINE ST  
WINDERMERE, FL 34786

Mailing Address  
24 PINE ST  
WINDERMERE, FL 34786

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**



02242005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
59-3468066

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

BUONAURO, FRANK A JR.  
24 PINE ST  
WINDERMERE, FL 34786

**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

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BUONAURO, FRANK A JR. 24 PINE ST. WINDERMERE, FL 34786
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03/09/05-80037-001 55.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

*Frank A Buonauoro Jr.*  
Frank A Buonauoro Jr. 3-7-05

407

876-3595