

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L98000001224

1. Entity Name  
TOASTY TOES, L.L.C.



Principal Place of Business  
1857 WELLS RD., STE 100  
ORANGE PARK, FL 32073-2340

Mailing Address  
1857 WELLS RD., STE 100  
ORANGE PARK, FL 32073-2340



07222005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3530976

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

NICHOLS, CHARLES T  
1857 WELLS RD., STE 100  
ORANGE PARK, FL 32073-2340

**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 September 7, 2005**

000000374848  
07/29/05-80006-007 ~~50.00~~ **50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
NICHOLS, CHARLES T  
1857 WELLS RD., STE 100  
ORANGE PARK, FL 320732340

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
RICHARDSON, HEATH  
1857 WELLS RD., STE 100  
ORANGE PARK, FL 320732340

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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 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 #

7/24/05 (904) 759-1421