

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # L99000000151

1. Entity Name
BINGO EXPRESS LLC



Principal Place of Business
**1820 SW 21ST TERRACE
CAPE CORAL, FL 33991**

Mailing Address
**1820 SW 21ST TERRACE
CAPE CORAL, FL 33991**



DO NOT WRITE IN THIS SPACE

01112005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0485064

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KREJCI, ZDENKA
1820 SW 21ST TERRACE
CAPE CORAL, FL 33991**

**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 reconstituting)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	GRBAC, THOMAS A
STREET ADDRESS	1820 S.W. 21ST TERRACE
CITY - ST - ZIP	CAPE CORAL, FL 33991
TITLE	MGRM
NAME	KREJCI, BRIAN
STREET ADDRESS	1820 SW 21ST TERRACE
CITY - ST - ZIP	CAPE CORAL, FL 33991
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/30/05-80071-005 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: Thomas A Grbac
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-27-05 239-282-8841
Date Daytime Phone #