

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90440 006 ****50.00

DOCUMENT # L99000002983

1. Entity Name
CARMINE'S BAKERY, L.L.C.



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|--|--|
| Principal Place of Business 2100 COUNTRY CLUB RD SANFORD, FL 32771 | Mailing Address 2100 COUNTRY CLUB RD SANFORD, FL 32771 |
|--|--|

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03092007 No Chg-LLC CR2E083 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3578064 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

8. Name and Address of Current Registered Agent

GRAY, N. DWAYNE JR ESQ
 GREENSPOON, MARDER, ET AL
 201 E PINE ST, STE 500
 ORLANDO, FL 32801

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR GILARDI MANAGEMENT SERVICES LLC 2100 COUNTRY CLUB RD SANFORD, FL 32771 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR SCHLATER, JOHN 615 COPELAND MILL ROAD WESTERVILLE, OH 43081 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR GRAY, N. DWAYNE JR 201 E PINE ST, STE 500 ORLANDO, FL 32801 |
| 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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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: *N. Dwayne Gray, Jr* **N. DWAYNE GRAY, JR** 3/27/07 407-425-6559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #