

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000003504

1. Entity Name

LA FAMILIA OF TAMPA, L.C.



Principal Place of Business

1601 GULF BLVD
INDIAN ROCKS BEACH, FL 33785

Mailing Address

3128 W. IDELWILD AVE.
TAMPA, FL 33614



01072006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3590858

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, JOHN P
2310 WEST BAY DRIVE
LARGO, FL 33770

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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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME SILVA, ORENCIO P
STREET ADDRESS 6411 WILLOW WOOD LANE
CITY-ST-ZIP TAMPA, FL 33634

TITLE MGRM
NAME SILVA, NORMA
STREET ADDRESS 6411 WILLOW WOOD LANE
CITY-ST-ZIP TAMPA, FL 33634

TITLE MGRM
NAME BELLO, ELISEO R
STREET ADDRESS 3128 W. IDLEWILD
CITY-ST-ZIP TAMPA, FL 33614

TITLE MGRM
NAME BELLO, JULIA P
STREET ADDRESS 3128 W. IDLEWILD
CITY-ST-ZIP TAMPA, FL 33614

TITLE MGRM
NAME SILVA, ORENCIO J
STREET ADDRESS 6020 THERESA ST
CITY-ST-ZIP TAMPA, FL 33615

TITLE MGRM
NAME SILVA, ELENA M
STREET ADDRESS 6020 THERESA ST
CITY-ST-ZIP TAMPA, FL 33615

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01/20/06-80012-009 50.00

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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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Eliseo R. Bello

1-8-06 813-376-0893