

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000119455

1. Entity Name  
ORIGINAL MARYLAND FRIED CHICKEN LLC



**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90143 035 \*\*\*\*50.00

Principal Place of Business  
1672 SOUTH ORANGE BLOSSOM TR  
APOPKA, FL 32703

Mailing Address  
424 APRIL LN  
APOPKA, FL 32712

60010040



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

01262007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
14-1947446

Applied For  
Not Applicable

City & State

City & State

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COSTANTINE, ROBERT  
1672 SOUTH ORANGE BLOSSOM TR  
APOPKA, FL 32703

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
COSTANTINE, ROBERT TRUSTEE  
1660 N. ORANGE BLOSSOM TRAIL, SUITE D  
APOPKA, FL 32703 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SAME  
SAME  
1672 SOUTH ORANGE BLOSSOM TR  
APOPKA, FL 32703 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

*Robert V Costantine* Robert V. Costantine 1-26-07