

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000058359

**FILED**  
**Jul 07, 2008**  
**Secretary of State**

**Entity Name:** KASLE RESTAURANT GROUP, LLC

**Current Principal Place of Business:**

1016 CLEARWATER PLACE  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

352 NORTH BROMELIAD AVE  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

1016 CLEARWATER PLACE  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

352 NORTH BROMELIAD AVE  
WEST PALM BEACH, FL 33401

**FEI Number:** 30-0424513      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KOEPPPEL, JOEL P  
1016 CLEARWATER PLACE  
WEST PALM BEACH, FL 33401      US

**Name and Address of New Registered Agent:**

KOEPPPEL, JOEL P  
400 SOUTH AUSTRALIAN AVE  
SUITE 300  
WEST PALM BEACH, FL 33401      US

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.

SIGNATURE: JOEL P. KOEPPPEL

07/07/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR ( ) Change (X) Addition  
Name: MATT, KASLE  
Address: 555 STANLEY BLVD  
City-St-Zip: BIRMINGHAM, MI 48009

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MATT KASLE

MR

07/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date