2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M04000004782

1. Entity Name RETAIL BRAND GROUP, LLC



Principal Place of Business

Mailing Address

C/O SODEXHO///ATTN: LEGAL DEPARTMENT 9801 WASHINGTONIAN BLVD. GAITHERSBURG, MD 20878 P.O. BOX 352 BUFFALO, NY 14240

FILED Mar 14, 2006 8:00 am Secretary of State

03-14-2006 90205 014 ****50.00

20015927



03072006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1779386

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

		IN	I 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	g) DATE
Filing Fee is \$50.00 Due by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SODEXHO OPERATIONS, LLC 9801 WASHINGTONIAN BLVD. GAITHERSBURG, MD 20878	·	:
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D	O NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		II.	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME			

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.

SIGNATURÉ

STREET ADDRESS CITY-ST-ZIP

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

5/10/06

1900-372-629

Daytime Phone #