


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 04, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # M05000000846 1. Entity Name ACCUSERV RESTAURANT EQUIPMENT, LLC |  |
|---|---|

| | |
|--|--|
| Principal Place of Business 3865 PRODUCE ROAD, STE. 208 LOUISVILLE, KY 40218 | Mailing Address 3865 PRODUCE ROAD, STE. 208 LOUISVILLE, KY 40218 |
|--|--|

DO NOT WRITE IN THIS SPACE



05162007 No Chg-LLC CR2E083 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 20-2114446 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**CORP DIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301**

**DO NOT WRITE
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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$50.00
Due by September 14, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BAKER, PAUL 3865 PRODUCE ROAD, STE. 208 LOUISVILLE, KY 40218 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000765895
06/04/07-80001-005 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  **5/17/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #