

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000066608

**FILED**  
**Feb 22, 2014**  
**Secretary of State**  
**CC5640822608**

**Entity Name:** LMT RESTAURANT CORPORATION

**Current Principal Place of Business:**

6112 S. TAMIAMI TRAIL  
SARASOTA, FL 34231

**Current Mailing Address:**

6112 S. TAMIAMI TRAIL  
SARASOTA, FL 34231

**FEI Number:** 65-1192970

**Certificate of Status Desired:** No

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

WOLF, LYNNE  
4379 VIA DEL VILLETTI DRIVE  
VENICE, FL 34293 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD	Title	VD
Name	MCKEON, MICHAEL	Name	GABBARD, TIMOTHY
Address	6112 S. TAMIAMI TRAIL	Address	6112 S. TAMIAMI TRAIL
City-State-Zip:	SARASOTA FL 34231	City-State-Zip:	SARASOTA FL 34231

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL MCKEON**

**PRESIDENT**

**02/22/2014**

Electronic Signature of Signing Officer/Director Detail

Date