

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000002684

Entity Name: FIFTH DINING SARASOTA LLC**Current Principal Place of Business:**700 CANAL ST FL 1
STAMFORD, CT 06902**Current Mailing Address:**1 INDEPENDENCE PT
STE 305
GREENVILLE, SC 29615 US**FEI Number:** 46-5404597**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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

Authorized Person(s) Detail :

Title CORPORATE SECRETARY
Name MCGLOCKTON, JOAN RECTOR
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

Title PRESIDENT AND CEO
Name OAKLEY, BELINDA
Address 700 CANAL ST FL 1
City-State-Zip: STAMFORD CT 06902

Title VICE PRESIDENT
Name MORSE, THOMAS
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

Title VICE PRESIDENT
Name BAHETY, ROHIT
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

Title VICE PRESIDENT
Name JACKSON, JENNIFER WOOLBRIGHT
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

Title ASSISTANT SECRETARY
Name WRIGHT, PAMELA
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

Title ASSISTANT SECRETARY
Name STEELE, GREGORY
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

Title VICE PRESIDENT, TREASURER
Name BLASS, MARC
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOAN MCGLOCKTON**SECRETARY****05/01/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASSISTANT TREASURER
Name BROCK, PAUL
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

Title ASSISTANT SECRETARY
Name SCHWEICKERT, ROBERT
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

Title MEMBER
Name VOLUME SERVICES AMERICA, INC.
Address 1 INDEPENDENCE PT
STE 305
City-State-Zip: GREENVILLE SC 29615

Title VICE PRESIDENT
Name MISTRY, SAROSH
Address 9801 WASHINGTONIAN BLVD
City-State-Zip: GAITHERSBURG MD 20878