#### 2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# M14000002684

### Entity Name: FIFTH DINING SARASOTA LLC

### **Current Principal Place of Business:**

1 INDEPENDENCE PT STE 305 GREENVILLE, SC 29615

### **Current Mailing Address:**

1 INDEPENDENCE PT STE 305 GREENVILLE, SC 29615 US

### FEI Number: 46-5404597

### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US FILED Mar 19, 2020 Secretary of State 9808251998CC

Certificate of Status Desired: No

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

## Authorized Person(s) Detail :

Title	EVP, CFO, CAO	Title	CORPORATE SECRETARY
Name	MONAVAR, HADI	Name	MCGLOCKTON, JOAN RECTOR
Address	ONE LANDMARK SQUARE	Address	9801 WASHINGTONIAN BLVD
City-State-Zip:	FL 18 STAMFORD CT 06901	City-State-Zip:	GAITHERSBURG MD 20878
City-State-Zip.		<b>T</b> :41 -	
Title	VP, COO	Title	VP
Name	PANGBURN, STEVE	Name	MORSE, THOMAS
Address	9801 WASHINGTONIAN BLVD	Address	9801 WASHINGTONIAN BLVD
City-State-Zip:	GAITHERSBURG MD 20878	City-State-Zip:	GAITHERSBURG MD 20878
Ony Otale Zip.	SATTLENDENCE ME 20070	Title	VP
Title	VP	Name	JACKSON, JENNIFER WOOLBRIGHT
Name	RAMESH, MAHALINGAM		9801 WASHINGTONIAN BLVD
Address	9801 WASHINGTONIAN BLVD	Address	
City-State-Zip:	GAITHERSBURG MD 20878	City-State-Zip:	GAITHERSBURG CT 20878
, ,		Title	ASSISTANT SECRETARY
Title	ASSISTANT SECRETARY	Name	BROOKS, SCOTT
Name	WRIGHT, PAMELA J.	Address	9801 WASHINGTONIAN BLVD
Address	9801 WASHINGTONIAN BLVD	City-State-Zip:	GAITHERSBURG MD 20878
City-State-Zip:	GAITHERSBURG MD 20878		
		Continues on page 2	

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: HADI MONAVAR

EVP, CFO, CAO

03/19/2020

Date

Electronic Signature of Signing Authorized Person(s) Detail

# Authorized Person(s) Detail Continued :

City-State-Zip: GREENVILLE SC 29615

Title	ASSISTANT SECRETARY	Title	VP / TREASURER
Name	WALTER, SUSAN	Name	BLASS, MARC
Address	9801 WASHINGTONIAN BLVD	Address	9801 WASHINGTONIAN BLVD
City-State-Zip:	GAITHERSBURG CT 20878	City-State-Zip:	GAITHERSBURG MD 20878
Title	ASSISTANT TREASURER	Title	LLC MANAGER
Name	BROCK, PAUL	Name	FERRULO, SALVATORE
Address	9801 WASHINGTONIAN BLVD	Address	ONE LANDMARK SQUARE
City-State-Zip:	GAITHERSBURG MD 20878	Address	FL 18
		City-State-Zip:	STAMFORD CT 06901
Title	MEMBER		
Name	VOLUME SERVICES AMERICA, INC.		
Address	1 INDEPENDENCE PT STE 305		