

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90529 009 ****50.00

DOCUMENT # L00000001329

1. Entity Name:

SUBWAY-11536, L.L.C.



Principal Place of Business

1299 POINT EAST CIRCLE
GULF BREEZE, FL 32563

Mailing Address

1299 POINT EAST CIRCLE
GULF BREEZE, FL 32563

14022659



DO NOT WRITE IN THIS SPACE

01192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

59-3617947

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required.

6. Name and Address of Current Registered Agent

YATES, GREGORY H
1299 POINT EAST CIRCLE
GULF BREEZE, FL 32563

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME YATES, GREGORY H
STREET ADDRESS 1299 POINT EAST CIRCLE
CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE MGRM
NAME YATES, DONNA G
STREET ADDRESS 1299 POINT EAST CIRCLE
CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

Date

Daytime Phone #