

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90345 042 \*\*\*\*50.00

**DOCUMENT # L00000009090**

**1. Entity Name**  
ORLANDO RESTAURANT GROUP OF MERRITT ISLAND.  
L.L.C.



**Principal Place of Business**  
5516 WHITE HERON PLACE  
OVIEDO, FL 32765

**Mailing Address**  
5516 WHITE HERON PLACE  
OVIEDO, FL 32765

00000000



**DO NOT WRITE IN THIS SPACE**

03302007 No Chg-LLC

CR2E083 (11/05)

**4. FEI Number**  
59-3662844

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

MOSLEY, CURTIS R  
1221 EAST NEW HAVEN AVENUE  
MELBOURNE, FL 32901

**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**

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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
MGR  
GREEN, CRAIG A  
5516 WHITE HERON PLACE  
OVIEDO, FL 32765

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
ST  
GREEN, TRACI R  
5516 WHITE HERON PLACE  
OVIEDO, FL 32765

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
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**CITY-ST-ZIP**

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**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 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:**

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

Date

Daytime Phone #

4/13/07

407-359-0493