

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000014144

1. Entity Name
WEST PALMDEN RESTAURANTS, LLC



Principal Place of Business
10332 MAIN STREET
#277
FAIRFAX, VA 22030

Mailing Address
10332 MAIN STREET
#277
FAIRFAX, VA 22030

FILED

08 FEB 29 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02142008 Chg-LLC CR2E083 (12/06)

4. FEI Number

54-2014978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STAGE, JON
200 EAST BROWARD BOULEVARD
SUITE 1900
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
c/o CT Corporation System
1200 South Pine Island Road
City Plantation FL Zip Code 33324

8. The above named entity submits this statement for the purpose of changing its 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

Arusha Potty
Vice President

(NOT Required. Only signature is required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME RIZVI, SHAKEEL
STREET ADDRESS 9893 GEORGETOWN PIKE, #900
CITY-ST-ZIP GREAT FALLS, VA 22066

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
600119931556
03/11/08--01010--007 **138.75

TITLE MGRM ☐ Delete
NAME ZILL, CRAIG E
STREET ADDRESS 10332 MAIN STREET, #277
CITY-ST-ZIP FAIRFAX, VA 22030

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME CHAWLA, DAVINDER
STREET ADDRESS 73 BLACKHAWK CLUB COURT
CITY-ST-ZIP DANVILLE, CA 94506

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Craig Zill

2/26/08

703-385-5005

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

Date

Daytime Phone #