

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90092 031 ****50.00

DOCUMENT # L01000008309

1. Entity Name
MANAGING FOOD, LLC



Principal Place of Business
**1326 EAST LUMSDEN ROAD
BRANDON, FL 33511**

Mailing Address
**1326 EAST LUMSDEN ROAD
BRANDON, FL 33511**

DO NOT WRITE IN THIS SPACE



04132005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3723331

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NORMAN, CHRISTOPHER H
315 S. HYDE PARK AVENUE
TAMPA, FL 33606**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TALAL A. KAZBOUR REVOCABLE TRUST
STREET ADDRESS	1326 E. LUMSDEN RD.
CITY - ST - ZIP	BRANDON, FL 33511
TITLE	MGRM
NAME	TAREK A. KAZBOUR REVOCABLE TRUST
STREET ADDRESS	1108 DEER RUN PLACE
CITY - ST - ZIP	VALRICO, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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 #

Talal A Kazbour

4/14/05 813-684-0622