

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90035 042 ****50.00

DOCUMENT # L01000019555

1. Entity Name
ORLANDO RESTAURANT GROUP OF MELBOURNE,
L.L.C.



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

Mailing Address
5516 WHITE HERON PLACE
OVIEDO, FL 32765



01082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3755200

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 AVE.
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 reissuing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREEN, CRAIG A 5516 WHITE HERON PLACE OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREEN, TRACI R 5516 WHITE HERON PLACE OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREEN, ROBERT J JR. 38055 AVION ROAD ZEPHYRILLS, FL 33541
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 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 #

3/25/07

521-573-7026