

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000020699

**FILED**  
**Jan 21, 2011**  
**Secretary of State**

**Entity Name:** EMERIL'S TCHOUP CHOP, L.L.C.

**Current Principal Place of Business:**

6300 HOLLYWOOD WAY  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

829 ST CHARLES AVE  
NEW ORLEANS, LA 70130

**New Mailing Address:**

**FEI Number:** 72-1408490

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RICE, CYNTHIA I ESQ  
1744 N. BELCHER RD, STE 150  
CLEARWATER, FL 33765 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR  
Name: LAGASSE III, EMERIL J  
Address: 829 ST. CHARLES AVE  
City-St-Zip: NEW ORLEANS, LA 70130

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: EMERIL LAGASSE

CHEF

01/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date