

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 28, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000003954

1. Entity Name

D'BEST SANDWICH SHOP, L.L.C.



Principal Place of Business

5201 N DIXIE HWY  
BOCA RATON, FL 33431

Mailing Address

5201 N DIXIE HWY  
BOCA RATON, FL 33431



07202006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

04-3608822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JEFFRY ZADOFF  
5201 N DIXIE HWY  
BOCA RATON, FL 33487

**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 September 6, 2006**

U000000572683  
07/28/06-80009-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
ZADOFF, JEFFRY S  
1004 BEL AIR DRIVE  
HIGHLAND BEACH, FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
SACKLER, WARREN  
3941 E RIVER RD  
WEST HENRIETTA, NY 14586

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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

JEFFREY ZADOFF

7/20/06

561 241 5155

Date

Daytime Phone #