

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 10, 2007 08:00 A
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



07062007 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 14, 2007**

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

U00000771963

08/10/07-80004-009 50.00

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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

Date

Daytime Phone #