

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000009606

FILED
Apr 20, 2007
Secretary of State

Entity Name: SOUTHLAND RESTAURANT SERVICES, LLC

Current Principal Place of Business:

9605 US HWY 92E
TAMPA, FL 33610 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11945
TAMPA, FL 33680 US

New Mailing Address:

FEI Number: 45-0474580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAMBETH, PATRICK J
9605 E US HIGHWAY 92
TAMPA, FL 33610 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: MGR () Delete
Name: DOBLER, JOHN P PRESIDE
Address: 1849 KIM ACRES LANE
City-St-Zip: DOVER, FL 33527 US

Title: MGRM () Delete
Name: KILLIAN, BRYAN W VICEPRE
Address: 7302 SEQUOIA DR.
City-St-Zip: TAMPA, FL 33637 US

Title: MGRM () Delete
Name: LAMBETH, PATRICK J SEC/TRE
Address: 22018 CARSON DRIVE
City-St-Zip: LAND O LAKES, FL 34639 FL

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: KILLIAN, BRYAN W VICEPRE
Address: 8639 N HIMES AVE #2815
City-St-Zip: TAMPA, FL 33614 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN P. DOBLER

PRES

04/20/2007

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