

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000010971**

1. Entity Name  
**GOURMET COUNTRY, LLC**



Principal Place of Business

**3615 S FL AVE  
STE 910  
LAKELAND, FL 33803**

Mailing Address

**3615 S FL AVE  
STE 910  
LAKELAND, FL 33803**



04232007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**61-1418148**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WEINER, JOANNE  
3615 S FL AVE STE 910  
LAKELAND, FL 33803**

**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 May 1, 2007**

000000729198  
05/08/07-80027-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGR</b>
NAME	<b>WEINER, JOANNE</b>
STREET ADDRESS	<b>3615 S FL AVE STE 910</b>
CITY-ST-ZIP	<b>LAKELAND, FL 33803</b>
TITLE	<b>MGR</b>
NAME	<b>WEINER, JEFFREY</b>
STREET ADDRESS	<b>3615 S FL AVE STE 910</b>
CITY-ST-ZIP	<b>LAKELAND, FL 33803</b>
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

**4/22/07 863-619-6770**

Date

Daytime Phone #