2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000013021

1. Entity Name SHARI'S RESTAURANT LLC.



Principal Place of Business

Mailing Address

2844 LAKELAND HIGHLANDS RD LAKELAND, FL 33803 1402 E OAKWOOD LANE PLANT CITY, FL 33566

FILED Mar 31, 2008 8:00 am Secretary of State

03-31-2008 90275 019 ***138.75

60018653



DO NOT WRITE IN THIS SPACE

01212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 55-0791064

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

665-5565

Daytime Phone #

6. Name and Address of Current Registered Agent

SARRIS, SHARI L 1402 E OAKWOOD LANE PLANT CITY, FL 33566

the obligations of registered agent.

SIGNATURE:

DO NOT WRITE IN THIS SPACE

SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR	e e e e e e e e e e e e e e e e e e e	
NAME	ILIAS, SARRIS		•
STREET ADDRESS	1709 E. OAKWOOD LANE		
CITY-ST-ZIP	PLANT CITY, FL 33560	<u>'</u>	
TITLE	MGR		
NAME	SARRIS, SHARI	α <mark>25</mark>	
STREET ADDRESS	1709 E. OAKWOOD LANE		
CITY-ST-ZIP	PLANT CITY, FL 33560		٠.
TITLE		•	
NAME			
STREET ADDRESS		DO-NOT-WRITE	
CITY-ST-ZIP			
TITLE		IN THIS SPACE	
NAME			
STREET ADDRESS			
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CITY-ST-ZIP			
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TITLE NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. I hereby	certify that the information supplied with this filing does not	qualify for the exemptions contained in Chapter 119. Florida Statutes, 1 further certify that the info	rmation
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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