

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90432 014 ****50.00

DOCUMENT # L02000014819					
1. Entity Name SEITO SUSHI BALDWIN PARK, LLC					
Principal Place of Business 1221 E. ROBINSON ST. ORLANDO, FL 32801			Mailing Address 1221 E. ROBINSON ST. ORLANDO, FL 32801		
2. Principal Place of Business 4898 NEW BROAD ST Suite, Apt. #, etc.		3. Mailing Address 817 DELA BOSQUE Suite, Apt. #, etc.			
City & State ORLANDO FL		City & State LONGWOOD FL		02102006 Chg-LLC CR2E083 (11/05)	
Zip 32814		Zip 32779		4. FEI Number 47-0874668	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FONG, DAVID 1221 E. ROBINSON ST. ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name: MISUN K. CHIN Street Address (P.O. Box Number is Not Acceptable): 817 DELA BOSQUE City: LONGWOOD FL Zip Code: 32779		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEITO GROUP, LLC 1221 E. ROBINSON ST ORLANDO, FL 32801 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEITO GROUP, LLC 817 DELA BOSQUE LONGWOOD FL 32779 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>Misun K. Chin</u> <u>MISUN K. CHIN</u> <u>V-P</u> <u>407-252-1734</u>					

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