

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90350 041 \*\*\*\*50.00

**DOCUMENT # L02000015703**

1. Entity Name  
F.C.C. ON SITE FOOD SERVICES, LLC



Principal Place of Business  
13502 REDDER RD - MISPELLED  
PALMETTO, FL 34221

Mailing Address  
1590 FIRST ST  
SARASOTA, FL 34236

**24036560**



2. Principal Place of Business

13502 REDDER RD

3. Mailing Address

Suite, Apt. #, etc.

04022004 Chg-LLC CR2E083 (10/03)

City & State

PALMETTO, FL

City & State

4. FEI Number  
27-0017076

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GOAR, JAMES C  
1590 FIRST STREET  
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME GOAR, JAMES C  
STREET ADDRESS 1590 FIRST STREET  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME DODSON, LAWRENCE L  
STREET ADDRESS 5331 SARA POINTE DR.  
CITY-ST-ZIP SARASOTA, FL 34232

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME STJERNEVALL, ROBERT  
STREET ADDRESS 592 RANGER DR.  
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE ☒ Change ☐ Addition  
NAME 1590 - FIRST STREET  
STREET ADDRESS SARASOTA, FL 34236  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*James C. Goar*

4.5.04

941 366 6380