

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000015703

1. Entity Name

F.C.C. ON SITE FOOD SERVICES, LLC



Principal Place of Business

13502 REEDER RD  
PALMETTO FL 34221

Mailing Address

1590 FIRST ST  
SARASOTA FL 34236

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/04)

4. FEI Number

27-0017076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOAR, JAMES C  
1590 FIRST STREET  
SARASOTA FL 34236

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE MGRM ☐ Delete  
NAME STJERNEVALL, ROBERT  
STREET ADDRESS 1590 FIRST STREET  
CITY- ST- ZIP SARASOTA FL 34236

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
1100000198530  
01/27/05-80055-012 50.00

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

TITLE ☐ Change ☐ Addition  
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)(f), 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: *JAMES C. GOAR*  
*James C. Goar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-24-05 941 366 6380