

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014053

FILED
Feb 04, 2007
Secretary of State

Entity Name: CATERING TO ORLANDO, LLC

Current Principal Place of Business:

7985 BRIDGESTONE DR.
ORLANDO, FL 32835 US

New Principal Place of Business:

11109 OAKSHORE LN
CLERMONT, FL 34711 US

Current Mailing Address:

7985 BRIDGESTONE DR.
ORLANDO, FL 32835 US

New Mailing Address:

11109 OAKSHORE LN
CLERMONT, FL 34711 US

FEI Number: 20-0763576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, KYLE
11109 OAKSHORE LN
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BROWN, KYLE
Address: 11109 OAKSHORE LN
City-St-Zip: CLERMONT, FL 34711 US

Title: MGRM () Delete
Name: BROWN, CARIN J
Address: 11109 OAKSHORE LN
City-St-Zip: CLERMONT, FL 34711 US

Title: MGRM () Delete
Name: MUNDY, VIRGINIA L
Address: 7985 BRIDGESTONE DR.
City-St-Zip: ORLANDO, FL 32835 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KYLE BROWN

MGRM

02/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date