2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# L04000046224

Entity Name: LETT-US FRANCHISE, LLC

Current Principal Place of Business:

6001 BROKEN SOUND PARKWAY
SUITE 414
BOCA RATON, FL 33487

New Principal Place of Business:

5100 W. COPANS ROAD
SUITE 410
MARGATE, FL 33063

Current Mailing Address:

6001 BROKEN SOUND PARKWAY
SUITE 414
BOCA RATON, FL 33487

New Mailing Address:

5100 W. COPANS ROAD
SUITE 410
MARGATE, FL 33063

FEI Number: 20-1269677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEXOW, JOHNSON, KOFFLER, GLATER & ADORNO,
1560 SAWGRASS CORPORATE PARKWAY
FOURTH FLOOR
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

GLATER & ASSOCIATES, P.A.
2645 EXECUTIVE PARK DRIVE
WESTON, FL 33331 US

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: GLATER & ASSOCIATES, P.A. 04/20/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SALAD CREATIONS OF A, MERICA, INC.
Address: 6001 BROKEN SOUND PARKWAY
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SALAD CREATIONS OF A, MERICA, INC.
Address: 5100 W. COPANS ROAD, SUITE 410
City-St-Zip: MARGATE, FL 33063

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: JEFF LEVINE MGR 04/20/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date