

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000046224

Entity Name: LETT-US FRANCHISE, LLC

**FILED**  
**Apr 05, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

5100 W. COPANS ROAD  
SUITE 410  
MARGATE, FL 33063

**New Principal Place of Business:**

5100 W. COPANS ROAD  
SUITE 300  
MARGATE, FL 33063

**Current Mailing Address:**

5100 W. COPANS ROAD  
SUITE 410  
MARGATE, FL 33063

**New Mailing Address:**

5100 W. COPANS ROAD  
SUITE 300  
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:**

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

**Name and Address of New Registered Agent:**

LEVINE, JEFF  
5100 W. COPANS ROAD  
SUITE 300  
MARGATE, FL 33063 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: JEFF LEVINE

04/05/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SALAD CREATIONS OF A, MERICA, INC.  
Address: 5100 W. COPANS ROAD, SUITE 300  
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

MRG

04/05/2007

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