

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # L04000050949

1. Entity Name
CULINARY CONCEPTS LLC



Principal Place of Business
540 SOUTH FEDERAL HWY
POMPANO BEACH, FL 33062

Mailing Address
540 SOUTH FEDERAL HWY
POMPANO BEACH, FL 33062



01102008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1353247

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MERTEN, DEAN R
540 SOUTH FEDERAL HWY
POMPANO BEACH, FL 33062

**DO NOT WRITE
IN THIS SPACE**

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

Dean R Merten

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000781926
01/15/08-80054-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MERTEN, DEAN R
STREET ADDRESS	540 SOUTH FEDERAL HWY
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	MGRM
NAME	MERTEN, DENISE C
STREET ADDRESS	540 SOUTH FEDERAL HWY
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	MGRM
NAME	JRE ENTERPRISES, INC.
STREET ADDRESS	540 SOUTH FEDERAL HWY
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	MGR
NAME	EVERATT, MELISSA
STREET ADDRESS	540 SOUTH FEDERAL HWY
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	MGR
NAME	EVERATT, JOHN R
STREET ADDRESS	540 SOUTH FEDERAL HWY
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Dean R Merten

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

1-9-08

Date

954 781 5763

Daytime Phone #