2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State
03-21-2007 90167 001 ***200.00

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1. Entity Name
FIVE GUYS, LLC

30002995

Principal Place of Business	Mailing Address
1792 CRANBERRY ISLES WAY APOPKA, FL 32712	1792 CRANBERRY ISLES WAY APOPKA, FL 32712

02132007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0091013

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOGLE, SEAN
SUITE 203
706 TURNBULL AVENUE
ALTAMONTE SPRINGS, FL 32701

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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 _____ 1-30-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CONSULTANTS TO INDUSTRY, INC
STREET ADDRESS	1792 CRANBERRY ISLES WAY
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	MGRM
NAME	PWMC, INC
STREET ADDRESS	1904 CANYONWOOD CRT
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	MGRM
NAME	MCGAYCEE, INC
STREET ADDRESS	28 ASH ST
CITY-ST-ZIP	BASKING RIDGE, NJ 07920
TITLE	MGRM
NAME	VICSIDI COMMUNICATIONS, INC
STREET ADDRESS	ONE HOLLIS STREET STE 305
CITY-ST-ZIP	WELLESLEY, MA 02482
TITLE	MGRM
NAME	HOGE, PAUL
STREET ADDRESS	7105 MARSHVILLE BLVD
CITY-ST-ZIP	MARSHVILLE, NC 28103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2-20-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #