

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000051676

1. Entity Name
EDDIE HILLS SUSHI-THAI EXPRESS, LLC



Principal Place of Business
**1111 EAST HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009**

Mailing Address
**1111 EAST HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009**



01042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1365330

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MONGKOLSINGDHU, SARASERN
1801 NE 179TH STREET
NORTH MIAMI BEACH, FL 33162**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
MONGKOLSINGDHU, SARASERN
1801 NE 179TH STREET
NORTH MIAMI BEACH, FL 33162**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
JINAPORNPHAYAP, PORNTHEP
1098 NE 183 STREET
NORTH MIAMI BEACH, FL 33179**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
MASINTAPAN, NITI
18925 NE 18 AVENUE
NORTH MIAMI BEACH, FL 33179**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
MONGKOLSINDHU, SANTI
130 CALLE LARGO DRIVE
HOLLYWOOD, FL 33021**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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: X

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

Date

Daytime Phone #

2/19/08