

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000051676

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** EDDIE HILLS SUSHI-THAI EXPRESS, LLC

**Current Principal Place of Business:**

1111 EAST HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

1111 EAST HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009

**New Mailing Address:**

**FEI Number:** 20-1365330

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MONGKOLSINGDHU, SARASERN  
130 CALLE LARGO DRIVE  
HOLLYWOOD, FL 33021 US

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

MONGKOLSINDHU, SANTI  
139 CALLE LARGO DR  
HOLLYWOOD, FL 33021 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:** SANTI MONGKOLSINDHU

01/05/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** DP  
**Name:** MONGKOLSINDHU, SARASERN  
**Address:** 139 CALLE LARGO DR  
**City-St-Zip:** HOLLYWOOD, FL 33021

**Title:** DV  
**Name:** JINAPORNPHAYAP, PORNTHEP  
**Address:** 1098 NE 183 STREET  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33179

**Title:** D  
**Name:** MASINTAPAN, NITI  
**Address:** 18925 NE 18 AVENUE  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33179

**Title:** DS  
**Name:** MONGKOLSINDHU, SANTI  
**Address:** 139 CALLE LARGO DR  
**City-St-Zip:** HOLLYWOOD, FL 33021 US

I hereby 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:** SANTI MONGKOLSINDHU

DS

01/05/2011

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