

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000052432**

1. Entity Name  
**SUSHI & THAI KITCHEN, LLC**



Principal Place of Business  
**14530-32 WEST DIXIE HIGHWAY  
NORTH MIAMI, FL 33161**

Mailing Address  
**14530-32 WEST DIXIE HIGHWAY  
NORTH MIAMI, FL 33161**



01082008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**22-3901943**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**JINAPORNPHAYAP, PORNTHEP  
14530-32 WEST DIXIE HIGHWAY  
NORTH MAIMI, FL 33161**

**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	MGR
NAME	JINAPORNPHAYAP, PORNTHEP
STREET ADDRESS	14530-32 WEST DIXIE HIGHWAY
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000833571  
02/28/08-80019-010-138.75

**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

2/28/08 (a20) 446-8011  
Date Daytime Phone #