

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 AM 11:02

DOCUMENT # L04000063272

1. Entity Name
RIFFRAFF CULINARY SERVICES, LLC



Principal Place of Business

459 W. COLLEGE AVENUE
TALLAHASSEE, FL 32301

Mailing Address

459 W. COLLEGE AVENUE
TALLAHASSEE, FL 32301

1410 Market St
Tallahassee FL
32312

1410 Market St
Unit B5 Tallahassee, FL 32312



04222008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3171970

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIFFE, PHILIP M
459 W. COLLEGE AVENUE
TALLAHASSEE, FL 32301

**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 MGRM
NAME RIFFE, OLIVIA
STREET ADDRESS 2218 THOMASVILLE RD
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

700127443177
04/30/08--01049--021 **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: _____

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

Date

Daytime Phone #