

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 17, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000022657**

1. Entity Name  
**GULF STATES RESTAURANT MANAGEMENT, LLC**



Principal Place of Business  
**1536 ISLAND GREEN LANE WEST  
MIRAMAR BEACH, FL 32550**

Mailing Address  
**1536 ISLAND GREEN LANE WEST  
MIRAMAR BEACH, FL 32550**



08142007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2498400**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**DECKER, CHRISTOPHER M MGRM  
1536 ISLAND GREEN LANE WEST  
MIRAMAR BEACH, FL 32550**

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGRM</b>
NAME	<b>DECKER, CHRISTOPHER M</b>
STREET ADDRESS	<b>1536 ISLAND GREEN LANE WEST</b>
CITY - ST - ZIP	<b>MIRAMAR BEACH, FL 32550</b>

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	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000772280  
08/17/07-80007-001 50.00

**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

**8/14/07**

Date

**205-240-1084**

Daytime Phone #