### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L05000027387**

1. Entity Name

15

RENAISSANCE CATERING OF COCOA LLC



Principal Place of Business

4245 RECTOR ROAD COCOA, FL 32926

Mailing Address

4245 RECTOR ROAD COCOA, FL 32926

# FILED Apr 14, 2008 8:00 am Secretary of State

04-14-2008 90221 041 \*\*\*138.75

60022310



03152008 No Chg-LLC

CR2E083 (12/07)

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4. FEI Number 20 - 3528130	
4. FEI Nulliber CO COCO	
NOT APPLICABLE	
NOTAL TEICADEE	

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HASNER, MARK M ESQ. SUNTRUST INTERNATIOAL CENTER ONE S.E. 3RD AVE. SUITE 2950 MIAMI, FL 33131

DO	NOT	WRITE
IN .	THIS	SPACE

<ol><li>The above named entity submits this statement for the purpose of cha the obligations of registered agent.</li></ol>	anging its registered office or registered agent, or both, in	i the State of Florida. I am familia	r with, and accept
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. 0	MANIA ONIO MEMBERO MANIA CERO
9. 0	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	ELIAS, TONY
STREET ADDRESS	4245 RECTOR ROAD
CITY-\$T-ZIP	COCOA, FL 32926
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<b>{</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-\$1-ZIP	
THLE	
NAME	
STREET ADORESS	
CITY-ST-ZiP	
INTE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11, I hereby	certify that the information supplied with this filing does not qualify for the e
I indicated	on this report is true and accurate and that my signature shall have the sa

# DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualfy for the elemptions 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 in execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHOR

3-25-08

Daytime Ph