

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90189 030 ****55.00

DOCUMENT # L05000043644

1. Entity Name
CORPORATE CATERING GROUP, LLC



60040071



02262007 Chg-LLC CR2E083 (12/06)

Principal Place of Business
727 GUERNSEY STREET
ORLANDO, FL 32804 US

Mailing Address
727 GUERNSEY STREET
ORLANDO, FL 32804 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number
05-0622478

Applied For
Not Applicable

Zip
32804

Country
US

Zip
32804

Country
US

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARPENTER, ERIN M
727 GUERNSEY ST.
ORLANDO, FL 32804

Name
Erin M. Carpenter

Street Address (P.O. Box Number is Not Acceptable)

639 W. Winter Park St.

City
Orlando

FL

Zip
32804

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
Erin Carpenter

(NOTE: Registered Agent signature required when reinstating)

DATE

2.26.07

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CARPENTER, ERIN M
727 GUERNSEY ST.
ORLANDO, FL 32804 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Carpenter, Erin M.
639 W. Winter Park St.
Orlando FL 32804 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Erin Carpenter

2.26.07

407.963.0893

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

Date

Daytime Phone #