

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054569

Entity Name: LOCO CATERING L.L.C.

FILED  
Jul 15, 2007  
Secretary of State

**Current Principal Place of Business:**

114 NORTH BAYSHORE DRIVE  
EASTPOINT, FL 32328

**New Principal Place of Business:**

**Current Mailing Address:**

114 NORTH BAYSHORE DRIVE  
EASTPOINT, FL 32328

**New Mailing Address:**

FEI Number: 55-0896369      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

OGLES, ROY C  
114 NORTH BAYSHORE DRIVE  
EASTPOINT, FL 32328      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: EDMISTON, LEE  
Address: P.O. BOX 291  
City-St-Zip: APALACHICOLA, FL 32329

Title: MGR      ( ) Delete  
Name: OGLES, ROY  
Address: 114 NORTH BAYSHORE DRIVE  
City-St-Zip: EASTPOINT, FL 32328

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROY C OGLES

MR

07/15/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date