


**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

[illegible]

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|---|---|--|---|
| <b>DOCUMENT # L05000055227</b>  |   | <b>Secretary of State</b><br>03-17-2006 90029 030 ****50.00  |   |
| <b>1. Entity Name</b><br>SARAH K'S GOURMET LIMITED LIABILITY COMPANY  |   |                       |   |
| <b>Principal Place of Business</b><br>34940 EMERALD COAST PARKWAY<br>183<br>DESTIN, FL 32541  |   | <b>Mailing Address</b><br>20 GARDEN BAY COURT<br>MIRAMAR BEACH, FL 32550                               |   |
| <b>2. Principal Place of Business</b>   |   | <b>3. Mailing Address</b>  |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |
| City & State  |   | City & State   |   |
| Zip   | Country   | Zip  | Country   |
|   |   | <b>4. FEI Number</b><br>20-2988337   |   |
|   |   | <b>Applied For</b><br>Not Applicable   |   |
|   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |   |
| <b>6. Name and Address of Current Registered Agent</b>  |   | <b>7. Name and Address of New Registered Agent</b>   |   |
| SCHREIFER, SARAH K<br>20 GARDEN BAY COURT<br>MIRAMAR BEACH, FL 32550  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code                      |   |
| <b>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.</b>  |   |  |   |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____   |   |  |   |
| <b>Filing Fee is \$50.00 Due by May 1, 2006</b>   |   | <b>Make check payable to Florida Department of State</b>   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   | <b>10. ADDITIONS/CHANGES</b>   |   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR</b><br>SCHREIFER, KAREN H<br>509 REGATTA BAY BLVD<br>DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR</b><br>SCHREIFER, STEPHEN P<br>509 REGATTA BAY BLVD<br>DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR</b><br>SCHREIFER, SARAH K<br>20 GARDEN BAY COURT<br>MIRAMAR BEACH, FL 32550 <input type="checkbox"/> Delete        | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| <b>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.</b> |   |  |   |
| <b>SIGNATURE:</b> Sarah K. Schreifer 3/9/06 850-269-0044<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #  |   |  |   |