

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L05000067866**

1. Entity Name  
HOT OLIVES CATERING, LLC



FILED  
08 SEP 24 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
463 W. NEW ENGLAND AVENUE  
WINTER PARK, FL 32789 US

Mailing Address  
P.O. BOX 1883  
WINTER PARK, FL 32790 US



07112008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 26-0899911	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

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

PARTIN, GLENN  
463 W. NEW ENGLAND AVENUE  
WINTER PARK, FL 32789

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$538.75  
Due by September 12, 2008**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	PARTIN, GLENN
STREET ADDRESS	1850 WHITEHALL DRIVE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	MGRM
NAME	ROGERS, RICHARD
STREET ADDRESS	1850 WHITEHALL DRIVE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900136295989  
09/24/08--01006--007 \*\*1088.75

**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:** \_\_\_\_\_ 9/1/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #