


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 09, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L05000076470 1. Entity Name LUNCH'N-N-MUNCH'N, LLC. |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 1721 E. HALLANDLAE BCH BLVD HALLANDALE FL 33009 | Mailing Address 1721 E. HALLANDLAE BCH BLVD HALLANDALE FL 33009 |
|---|---|



| | |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

1st MOORE CR2E083 (10/06)

| | |
|---|--|
| 4. FEI Number 20-3409487 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| RASHID, MAHMOOD 4001 SW 147 AVE MIRAMAR FL 33027 | Name Street Address (P.O. Box Number is Not Acceptable) City |
| | State: FL Zip Code |

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|------------------------------|--------------------------------------|--|-----------------------|---|--|
| TITLE | MGRM <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RASHID, MAHMOOD | | NAME | | |
| STREET ADDRESS | 4001 SW 147 AVE | | STREET ADDRESS | | |
| CITY - ST - ZIP | MIRAMAR FL 33027 | | CITY - ST - ZIP | | U000000695331 04/17/07-80050-025 150.00 |
| TITLE | MGRM <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RASHID, UNEEZA | | NAME | | |
| STREET ADDRESS | 4001 SW 147 AVE | | STREET ADDRESS | | |
| CITY - ST - ZIP | MIRAMAR FL 33027 | | CITY - ST - ZIP | | |
| TITLE | MGRM <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | NARAYAN, ARPITHA | | NAME | | |
| STREET ADDRESS | 1072 NW 139 TER | | STREET ADDRESS | | |
| CITY - ST - ZIP | PEMBROKE PINES FL 33028 | | CITY - ST - ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Mahmood Rashid* **MAHMOOD RASHID** 4-4-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #