

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080127

Entity Name: THE CURRY POT, LLC

FILED  
May 23, 2009  
Secretary of State

## Current Principal Place of Business:

1405 W. 15TH STREET  
SUITE C  
PANAMA CITY, FL 32401

## New Principal Place of Business:

## Current Mailing Address:

1405 W. 15TH STREET  
SUITE C  
PANAMA CITY, FL 32401

## New Mailing Address:

FEI Number: 77-0656378

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JUAREZ-SINGH, MATILDE  
1000 NOTTINGHAM DR.  
PANAMA CITY, FL 32401 US

## Name and Address of New Registered Agent:

KAUR, JASWANT  
10440 FRONT BEACH, ROAD  
PANAMA CITY BEACH, FL 32407 US

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: JASWANT KAUR

05/23/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SINGH, MATILDE J  
Address: 1000 NOTTINGHAM DRIVE  
City-St-Zip: PANAMA CITY, FL 32401

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: KAUR, JASWANT  
Address: 10440 FRONT BEACH ROAD  
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: MGR ( ) Change (X) Addition  
Name: SINGH, MATILDE J  
Address: 1405 W 15TH STREET  
City-St-Zip: PANAMA CITY, FL 32401

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: JASWANT KAUR

MGRM

05/23/2009

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