

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084202

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: ZONE EATERY, LLC

**Current Principal Place of Business:**

12213 S. DIXIE HWY.  
PINECREST, FL 33156

**New Principal Place of Business:**

12313 S. DIXIE HWY.  
PINECREST, FL 33156

**Current Mailing Address:**

12213 S. DIXIE HWY.  
PINECREST, FL 33156

**New Mailing Address:**

12313 S. DIXIE HWY.  
PINECREST, FL 33156

FEI Number: 20-4109734

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAMCHICK, BRUCE  
9130 S. DADELAND BLVD., SUITE 1101  
MIAMI, FL 33156 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: LAMCHICK, RANDY  
Address: 12213 S. DIXIE HWY  
City-St-Zip: PINECREST, FL 33156

Title: MGR ( ) Delete  
Name: LAMCHICK, BENTE  
Address: 12213 S. DIXIE HWY  
City-St-Zip: PINECREST, FL 33156

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LAMCHICK, RANDY  
Address: 12313 S. DIXIE HWY  
City-St-Zip: PINECREST, FL 33156

Title: MGR (X) Change ( ) Addition  
Name: LAMCHICK, BENTE  
Address: 12313 S. DIXIE HWY  
City-St-Zip: PINECREST, FL 33156

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: RANDY LAMCHICK

MGR

04/01/2009

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