

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117392

Entity Name: FRYER SOLUTIONS, LLC

FILED
Apr 11, 2007
Secretary of State

Current Principal Place of Business:

1005 COACHMAN PLACE
MIDDLEBURG, FL 32068 US

New Principal Place of Business:

112 WESLEY ROAD
GREEN COVE SPRINGS, FL 32043 US

Current Mailing Address:

1005 COACHMAN PLACE
MIDDLEBURG, FL 32068 US

New Mailing Address:

112 WESLEY ROAD
GREEN COVE SPRINGS, FL 32043 US

FEI Number: 20-3954716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOKE, A. HAMILTON
1301 RIVERPLACE BLVD
SUITE 2254
JACKSONVILLE, FL 32207 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: MGRM () Delete
Name: JOHNSON, JOSEPH T
Address: 1005 COACHMAN PLACE
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: MGRM () Delete
Name: JOHNSON, DONNA D
Address: 1005 COACHMAN PLACE
City-St-Zip: MIDDLEBURG, FL 32068 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JOHNSON, JOSEPH T
Address: 112 WESLEY ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: MGRM (X) Change () Addition
Name: JOHNSON, DONNA D
Address: 112 WESLEY ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DONNA D JOHNSON

MGRM

04/11/2007

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