## 2006 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**

## May 01, 2006 8:00 am Secretary of State **DOCUMENT #L05000121625** 05-01-2006 90064 015 \*\*\*\*50.00 ORLANDO RESTAURANT MANAGEMENT GROUP, LLC Principal Place of Business Mailing Address 5516 WHITE HERON PLACE 5516 WHITE HERON PLACE OVIEDO, FL 32765 OVIEDO, FL 32765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082006 CR2E083 (11/05) Chg-LLC Applied For 4. FEI Number 21-013266 City & State City & State Not Applicable Zip \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MOSLEY, CURTIS R Street Address (P.O. Box Number is Not Acceptable) 1221 EAST NEW HAVEN AVENUE MELBOURNE, FL 32901 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM TITLE TITLE Change Addition GREEN, CRAIG A NAME NAME STREET ADORESS STREET ADORESS 5516 WHITE HERON PLACE CITY-ST-ZIP OVIEDO, FL 32765 CITY-ST-ZIP MGRM ☐ Change ☐ Addition ☐ Delete TITLE TILE NAME GREEN, TRACIR NAME 5516 WHITE HERON PLACE STREET ADDRESS STREET ADDRESS CITY-ST-7P OVIEDO, FL 32765 CITY-ST-ZIP MGRM Delete ☐ Change ☐ Addition TITLE NAME GREEN, ROBERT J JR NAME STREET ADDRESS STREET ADDRESS 275 HALL ROAD CITY-ST-ZIP **AFTON, NY 13730** CITY-ST-ZIP Delete ☐ Change ■ Addition MGRM TITLE TITI F GREEN, JEAN M NAME NAME STREET ADDRESS 275 HALL ROAD STREET ADDRESS

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 progressee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

STREET ADORESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Defete

☐ Delete

IGING MEMBER, MANAGER, OR ALTHORIZED REPRESENTATIVE

CATY-ST-ZIP

CITY-ST-79P

STREET ADDRESS

TILE

NAME STREET ADDRESS

TITLE

**AFTON, NY 13730** 

**587 KENT STREET** 

GREEN, CHRISTOPER

WINDSOR, NY 13865

GREEN, JENNIFER L

WINDSOR, NY 13865

587 KENT STREET

MGRM

MGRM

☐ Change

Change

☐ Addition

☐ Addition

**FILED**