

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000008100

Entity Name: BENDEL'S BURGERS, LLC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

1068 BRIELLE COURT
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

1068 BRIELLE COURT
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 54-2191227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENGLE, CHRISTOPHER B
1068 BRIELLE COURT
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

BENGEL, CHRISTOPHER B
1068 BRIELLE COURT
OVIEDO, FL 32765 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: CHRISTOPHER BENDEL

04/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BENDEL, CHARLES W
Address: 5061 POLK AVE.
City-St-Zip: ALEXANDRIA, VA 22304

Title: MGRM () Delete
Name: BENDEL, CHRISTOPHER B
Address: 1068 BRIELLE COURT
City-St-Zip: OVIEDO, FL 32765

Title: MGRM () Delete
Name: BENDEL, CHARLES W
Address: 18831 KIPHEART DRIVE
City-St-Zip: LEESBURG, FL 20176

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHRISTOPHER B BENDEL

MGRM

04/28/2008

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