

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90022 023 ***138.75

DOCUMENT # L06000008753

1. Entity Name
SK RESTAURANT GROUP, LLC



Principal Place of Business
61 WEST COLONIAL DRIVE
ORLANDO, FL 32801

Mailing Address
61 WEST COLONIAL DRIVE
ORLANDO, FL 32801

50005228



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03052008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-4190248

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHOEMAKER, JOHN B
61 WEST COLONIAL DRIVE
ORLANDO, FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
P
COHEN, STEVE
STREET ADDRESS
61 W COLONIAL DR
CITY- ST- ZIP
ORLANDO, FL 32801 ☐ Delete

TITLE
NAME
P
KODSI, STEVE
STREET ADDRESS
61 W COLONIAL DR
CITY- ST- ZIP
ORLANDO, FL 32801 ☒ Change ☐ Addition

TITLE
NAME
V
COHEN, SHELLY
STREET ADDRESS
61 W COLONIAL DR
CITY- ST- ZIP
ORLANDO, FL 32801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
V
COHEN, ODED
STREET ADDRESS
61 W COLONIAL DR
CITY- ST- ZIP
ORLANDO, FL 32801 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/28/08 407 274 7931

ODED COHEN, VP

X104