

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027922

FILED
Apr 14, 2009
Secretary of State

Entity Name: BUTLER SEAFOOD HOUSE, L.L.C.

Current Principal Place of Business:

315 N. LAKE AVENUE
LAKE BUTLER, FL 32054

New Principal Place of Business:

Current Mailing Address:

2631 EAST OAKLAND PARK BLVD.
SUITE 205
FORT LAUDERDALE, FL 333061618

New Mailing Address:

FEI Number: 05-0633618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATHANASAKOS, ELIZABETH
2631 EAST OAKLAND PARK BLVD., STE 205
FT LAUDERDALE, FL 333061618 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: ATHANASAKOS, ELIZABETH
Address: 2631 EAST OAKLAND PARK BLVD., STE. 205
City-St-Zip: FORT LAUDERDALE, FL 333061618

Title: MGRM () Delete
Name: HYLAND, ELIZABETH
Address: 315 N LAKE AVE
City-St-Zip: LAKE BUTLER, FL 32054

Title: T () Delete
Name: BUSONE, BARBARA
Address: 315 N LAKE AVE
City-St-Zip: LAKE BUTLER, FL 32054

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: ELIZABETH ATHANASAKOS

MGRM

04/14/2009

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