

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90333 037 ***138.75

DOCUMENT # L06000031236



1. Entity Name
JOHNSON FERRY DONUTS HOLDINGS, L.L.C.

Principal Place of Business
**140 S.W. CHAMBER COURT, SUITE 200
PORT ST. LUCIE, FL 34986**

Mailing Address
**140 S.W. CHAMBER COURT, SUITE 200
PORT ST. LUCIE, FL 34986**

2. Principal Place of Business - No P.O. Box #
1291 Johnson Ferry Rd
Suite, Apt. #, etc.

3. Mailing Address
1050 Cambridge Square
Suite, Apt. #, etc.

City & State
Maricetta, Ga.
Zip
30068 Country

City & State
Alpharetta, Ga.
Zip
30004 Country

03052008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4568569 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent
Name
Ari N. Miller
Street Address (P.O. Box Number is Not Acceptable)
Law Office of RICHARD EVERS, Pa.
2421 N. University Dr.
City
Orlando Springs FL Zip Code
33065

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

(NOTE: Registered Agent signature required when reinstating)

DATE **3/5/08**

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LASKARIS, JAMES 1050 CAMBRIDGE SQUARE, STE. A ALPHARETTA, GA 30004 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 **James LASKARIS PTRN 3/5/08** Date **954-840-0522** Daytime Phone #