FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90022 021 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038962

1. EntityName
NEWTAKESUSHI,LLC

60028256

PrincipalPlaceofBusiness	MailingAddress
7836 WEST IRLO BRONSON HIGHWAY KISSIMMEE, FL 34747	7836 WEST IRLO BRONSON HIGHWAY KISSIMMEE, FL 34747

04172008 Chg-LLC CR2E083(12/06)

2. PrincipalPlaceofBusiness - No P.O.Box#		3. MailingAddress	
Suite,Apt.#,etc.		Suite,Apt.#,etc.	
City&State		City&State	
Zip	Country	Zip	Country

4. FEINumber 20-4744884 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ $5.00 Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent	7. NameandAddressofNewRegisteredAgent
WANG,SHIHH 7818NORTHIRLOBRONSONMEMHWY KISSIMMEE,FL34747	Name StreetAddress (P.O.BoxNumberisNotAcceptable) City FL ZipCode

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE ____________________
Signature,typedorprintednameofregisteredagentandtitleifapplicable (NOTE:RegisteredAgentsignaturerequiredwhenre instating) 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. MANAGINGMEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREETADDRESS CITY-ST-ZIP	MGR WANG,SHIHH 7818NORTHHWY192 KISSIMMEE,FL34767	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. Iherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionscontainedin Chapter119,F loridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath; that I am a managing member or manager of the limitedliabilitycompanyorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter608,FloridaStatu tes.

SIGNATURE: Shih H Wang 4/21/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER,ORAUTHORIZEDREPRESENTATIVE Date DaytimePhone#