2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State
04-24-2008 90022 021 ***138.75

60028256

DOCUMENT# L06000038962

1. EntityName
NEWTAKESUSHI,LLC

PrincipalPlaceofBusiness
7836 WEST IRLO BRONSON HIGHWAY
KISSIMMEE, FL 34747

MailingAddress
7836 WEST IRLO BRONSON HIGHWAY
KISSIMMEE, FL 34747

2. PrincipalPlaceofBusiness - No P.O.Box#

3. MailingAddress

Suite,Apt.#,etc.

Suite,Apt.#,etc.

04172008 Chg-LLC CR2E083(12/06)

City&State

City&State

4. FEINumber
20-4744884

☐ AppliedFor
☐ NotApplicable

Zip | Country

Zip | Country

5. CertificateofStatusDesired ☐ **$5.00** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

WANG,SHIHH
7818NORTHIRLOBRONSONMEMHWY
KISSIMMEE,FL34747

7. NameandAddressofNewRegisteredAgent

Name

StreetAddress (P.O.BoxNumberisNotAcceptable)

City | FL | ZipCode

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.IamfamiliarwithandaccepttheobligationsofregisteredagentSIGNATURE _____
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	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WANG,SHIHH	NAME	
STREETADDRESS	7818NORTHHWY192	STREETADDRESS	
CITY-ST-ZIP	KISSIMMEE,FL34767	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREETADDRESS		STREETADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREETADDRESS		STREETADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREETADDRESS		STREETADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREETADDRESS		STREETADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREETADDRESS		STREETADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. Ihereby 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: Sabrina M Wang 4/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date DaytimePhone#