

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000059215

1. Entity Name
ROY'S SUSHI THAI & GRILL LLC



Principal Place of Business
**4903 S US HWY 1
FORT PIERCE, FL 34982 US**

Mailing Address
**4903 S US HWY 1
FORT PIERCE, FL 34982 US**



04212008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5041476

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SARAPHAN, ANAPORN
1889 SW PENROSE AVE
PORT ST LUCIE, FL 34953**

**DO NOT WRITE
IN THIS SPACE**

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**

U000000944101
~~05/29/08 20085-013 138.75~~

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SARAPHAN, ANAPORN
1889 SW PENROSE AVENUE
PORT ST LUCIE, FL 34953**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SARAPHAN, PHICHET
1889 SW PENROSE AVENUE
PORT ST LUCIE, FL 34953**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RATUPPANANT, TASSANAPORN
369 SW NORTH SHORE BLVD
PORT ST LUCIE, FL 34986**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Anaporn Saraphan

Anaporn Saraphan

04/30/08

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

Date

Daytime Phone #