2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 23, 2007 8:00 am
Secretary of State
01-23-2007 90056 017 ****50.00

DOCUMENT # L06000064095

1. Entity Name
PDG BARBEQUE, LLC

Principal Place of Business	Mailing Address
2045 BAHIA VISTA SARASOTA FL 34239	1951 TALON LN SARASOTA FL 34240

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2045 BAHIA VISTA ST.
Suite, Apt. #, etc. SAME	Suite, Apt. #, etc.
City & State	City & State SARASOTA, FLORIDA
Zip / Country	Zip 34239 / Country US

1st MOORE CR2E083 (10/06)

4. FEI Number 14-1967688 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUTHER, DEREK W 1951 TALON LN SARASOTA FL 34240	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Derek W. Luther owner 1-17-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR PERRY, WASHINGTON 4426 DENISE LN. SARASOTA FL 34232 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	MGR GEORGE LUTHER 6481 Collingwood Cir. 34238 SARASOTA, FL 34238 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	STEPHEN G LUTHER MGR 2934 LOUISE ST 34237 SARASOTA, FL 34237 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Derek Luther DEREK W LUTHER 1-17-07 941-330-9597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #