

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065862

FILED
Apr 26, 2009
Secretary of State

Entity Name: BADA BING BARBEQUE, LLC

Current Principal Place of Business:

400 SOUTH ORLANDO AVE
104
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

1079 SHAFFER TRAIL
OVIEDO, FL 32765

New Mailing Address:

400 SOUTH ORLANDO AVE
104
MAITLAND, FL 32751

FEI Number: 30-0368752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SONNENSCHNEIN, MICHAEL D
1420 ALAFAYA TRAIL, SUITE 101
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OLIVASTRO, ANTHONY P
Address: 1079 SHAFFER TRAIL
City-St-Zip: OVIEDO, FL 32765

Title: MGRM () Delete
Name: MARSH, MICHAEL D
Address: 202 MAJESTIC FOREST RUN
City-St-Zip: SANFORD, FL 32771

Title: MGRM () Delete
Name: ROSSOLETTI, NICHOLAS G
Address: 1305 TRAVERTIME TERRACE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANTHONY P OLIVASTRO

MGRM

04/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date