2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOCUMENT # L06000081286

1. Entity Name **ORIGAMI SUSHI LLC**



FILED Feb 13, 2008 08:00 A Secretary of State

Principal Place of Business

3647 W. HILLSBOROUGH AVE TAMPA, FL 33624

Mailing Address

10927 LAKE ANDOVER BLVD **TAMPA, FL 33624**

33614



02112008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5362095

Not Applicable

Applied For

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Cガロ CHIO, HUANG-WEI 10927 LAKE ANDOVER BLVD

DO NOT WRITE

TAMPA, F	L 33624	IN THIS SPACE	
the obliga	tions of registered agent.	registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept	ot
SIGNATURE.		Registered Agent signature required when reinstating) DATE	
	E NOW!!!-FEE.IS:\$138.75* y_1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
IUFE	MGR	U00000826464	_
NAME	CHIU, YU JEN	02/21/08-80050-012 138.79	3
STREET ADDRESS	10927 LAKE ANDOVER BLVD		
CITY-ST-ZIP	TAMPA, FL 33624		
TITLE	MGRM		
NAME	CHIU, JACK		
STREET ADDRESS	10927 LAKE ANDOVER BLVD		
CITY-ST-ZIP	TAMPA, FL 33624		
TITLE			
NAME			
STREET ADDRESS	_	DO NOT WRITE	
CITY-ST-ZIP		DO NOT WRITE	
TITLE		IN THIS SPACE	
NAME	*	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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE