

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90333 034 \*\*\*138.75

**DOCUMENT # L06000085136**

1. Entity Name  
**MOUNT VERNON DONUTS HOLDINGS, LLC**



Principal Place of Business  
**140 SW CHAMBER COURT  
200  
PORT ST. LUCIE, FL 34986**

Mailing Address  
**140 SW CHAMBER COURT  
200  
PORT ST. LUCIE, FL 34986**

**60013367**



2. Principal Place of Business - No P.O. Box #  
**1594 Mt. Vernon Hwy**  
Suite, Apt. #, etc.

3. Mailing Address  
**1050 Cambridge Square**  
Suite, Apt. #, etc.  
**Suite A**

03052008 Chg-LLC CR2E083 (12/06)

City & State  
**Dunwoody, Ga.**  
Zip  
**30338**  
Country

City & State  
**Alpharetta, Ga**  
Zip  
**30004**  
Country

4. FEI Number  
**20-5472066**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**MILLER, ARI N  
3351 NW BOCA RATON BLVD.  
BOCA RATON, FL 33431**

*address change*

7. Name and Address of New Registered Agent  
Name **Ari N. Miller**  
Street Address (P.O. Box Number is Not Acceptable)  
**c/o Law Office of Richard Trees, Pa**  
**2421 N. University Drive**  
City **Orlando Springs** FL Zip Code **33065**

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]* (NOTE: Registered Agent signature required when reinstating) DATE **3/5/08**

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASKARIS, JAMES		NAME		
STREET ADDRESS	1050 CAMBRIDGE SQUARE, STE. A		STREET ADDRESS		
CITY-ST-ZIP	ALPHARETTA, GA 30004		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IOANNIDES, TIM		NAME		
STREET ADDRESS	140 SW CHAMBER COURT, #200		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *[Signature]* **James Laskaris, PMR** 3/5/08 954-840-0522  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #