
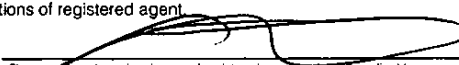
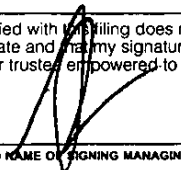


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-10-2008 90333 032 ***138.75

DOCUMENT # L06000085137			
1. Entity Name 6060 ROSWELL 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	
2. Principal Place of Business - No P.O. Box # 6060 Roswell Rd.		3. Mailing Address 1050 Cambridge Square	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite A	
City & State Sandy Springs GA		City & State Alpharetta GA	
Zip 30078		Zip 30004	
Country		Country	
6. Name and Address of Current Registered Agent MILLER, ARI N 3351 NW BOCA RATON BLVD. BOCA RATON, FL 33431		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 Ivers, P.A. 3421 N. University Dr. City Coral 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 		DATE 3/5/08	
Signature, typed or printed name of registered agent and state if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR LASKARIS, JAMES 1050 CAMBRIDGE SQUARE, STE. A ALPHARETTA, GA 30004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IOANNIDES, TIM 140 SW CHAMBER COURT, #200 PORT ST. LUCIE, FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE 3/5/08 954-840-0522	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

60013369



03052008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5471967 Applied For Not Applicable

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