

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-10-2008 90333 035 ***138.75

DOCUMENT # L06000086125

1. Entity Name
NORTHRIDGE 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

60013366



2. Principal Place of Business - No P.O. Box #
8290-D Roswell Rd
Suite, Apt. #, etc.

3. Mailing Address
1050 Cambridge Square
Suite A

03052008 Chg-LLC CR2E083 (12/06)

City & State
Atlanta, Ga
Zip
30350
Country

City & State
Alpharetta, Ga
Zip
30004
Country

4. FEI Number
20-5476157
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

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 Irres, Pa
2421 - N. University Drive
City
Orlando, FL
Zip Code
32805

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, typed or printed name of registered agent and title if applicable.

(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

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	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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: James Laskaris, Partner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/5/08 954-840-0522
Date Daytime Phone #