

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086271

FILED
Mar 23, 2009
Secretary of State

Entity Name: TAMPA FOOD & BEVERAGE, LLC

Current Principal Place of Business:

1801 N. WESTSHORE BLVD
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

1801 N. WESTSHORE BLVD
TAMPA, FL 33607

New Mailing Address:

FEI Number: 56-2608261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDEL, LOUIS
117 W ALEXANDER ST. #390
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

LITTLE, THOMAS C
2123 N.E. COACHMAN ROAD
SUITE A
CLEARWATER, FL 33765 US

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: THOMAS C LITTLE

03/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KNAUER, GINA
Address: 5303 N ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33603

Title: MGRM () Delete
Name: MENDEL, LOUIS J III
Address: 117 W ALEXANDER STREET
City-St-Zip: PLANT CITY, FL 33563

Title: MGRM () Delete
Name: JOHNSON, KEITH
Address: 3619 S.R. 580, UNIT H
City-St-Zip: OLDSMAR, FL 34677

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: KEITH R JOHNSON

MGRM

03/23/2009

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