

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087441

Entity Name: RFRG WESLEY CHAPEL, LLC

FILED  
Jan 16, 2008  
Secretary of State

**Current Principal Place of Business:**

6020 WINTHROP TOWN CENTRE AVENUE  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

6020 WINTHROP TOWN CENTRE AVENUE  
RIVERVIEW, FL 33578

**Current Mailing Address:**

6020 WINTHROP TOWN CENTRE AVENUE  
RIVERVIEW, FL 33569

**New Mailing Address:**

6020 WINTHROP TOWN CENTRE AVENUE  
RIVERVIEW, FL 33578

FEI Number: 20-5522214

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRIEL, ANTONY G  
6020 WINTHROP TOWN CENTRE AVENUE  
RIVERVIEW, FL 33569 US

**Name and Address of New Registered Agent:**

FRIEL, ANTONY G  
6020 WINTHROP TOWN CENTRE AVENUE  
RIVERVIEW, FL 33578 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/16/2008

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RAVING FARMS RESTAUR, ANT GROUP I, L L C  
Address: 6020 WINTHROP TOWN CENTRE AVENUE  
City-St-Zip: RIVERVIEW, FL 33569

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FRIEL, ANTONY G  
Address: 6020 WINTHROP TOWN CENTRE AVENUE  
City-St-Zip: RIVERVIEW, FL 33578

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: ANTONY FRIEL

MGRM

01/16/2008

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