

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090658

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** CULINARY CONCEPTS OF THE TREASURE COAST, LLC

**Current Principal Place of Business:**

2243 SE ARBOR RD  
PORT SAINT LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

2243 SE ARBOR RD  
PORT SAINT LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 22-3942779

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

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

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KEYS, CARRIE ANN  
Address: 2243 SE ARBOR RD  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: ST ( ) Delete  
Name: KEYS, CARRIE ANN  
Address: 2243 SE ARBOR RD  
City-St-Zip: PORT SAINT LUCIE, FL 34952

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KEYS, CARRIE A CEO  
Address: 2243 SE ARBOR RD  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: ST (X) Change ( ) Addition  
Name: KEYS, CARRIE A CEO  
Address: 2243 SE ARBOR RD  
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: CARRIE ANN KEYS

CEO

04/27/2009

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