

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000102398

1. Entity Name
FAT DADDY'S OF SUMMERFIELD, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 30 PM 2:53

Principal Place of Business
10135 SUNSET HARBOR RD
SUMMERFIELD, FL 34491

Mailing Address
10135 SUNSET HARBOR RD
SUMMERFIELD, FL 34491

2. Principal Place of Business - No P.O. Box #
106 Spring Arbor Lane

3. Mailing Address
106 Spring Arbor Lane



10232007 Chg-LLC CR2E083 (12/06)

City & State
Lady Lake FL

City & State
Lady Lake FL

4. FEI Number
20-5715152

Applied For
Not Applicable

Zip
32159

Country

Zip
32159

Country
US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WAGER, SHANNON
715 NE 26TH TERRACE
OCALA, FL 34470

Name
MURPHY, JOSEPH

Street Address (P.O. Box Number is Not Acceptable)
106 Spring Arbor Lane

City
Lady Lake

FL

Zip Code
32159

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

Joseph Murphy

(NOTE: Registered Agent signature required when reinstating)

10/24/07

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
HASSELL, RUSSELL A SR
STREET ADDRESS
17268 SE 101ST AVE RD
CITY - ST - ZIP
SUMMERFIELD, FL 34491 ☒ Delete

TITLE
NAME
MGRM
MURPHY, JOSEPH
STREET ADDRESS
106 Spring Arbor Lane
CITY - ST - ZIP
Lady Lake FL 32159 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition
400111641714
11/02/07--01037--003 **50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ 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:

Joseph Murphy

Joseph Murphy, Managing Member (352) 396-9303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10/24/07