

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111858

FILED
Apr 30, 2008
Secretary of State

Entity Name: CHICKEN 4 U LLC

Current Principal Place of Business:

19220 SW 39TH CT
MIRAMAR,, FL 33029

New Principal Place of Business:

Current Mailing Address:

19220 SW 39TH CT
MIRAMAR,, FL 33029

New Mailing Address:

FEI Number: 20-5907891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARID, HEMANI
19220 SW 39TH CT
MIRAMAR, FL 33029 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: MGRM () Delete
Name: FARID, HEMANI
Address: 19220 SW 39TH CT
City-St-Zip: MIRAMAR, FL 33029

Title: MGRM () Delete
Name: ASHRAF, GHAZIANI
Address: 19220 SW 39TH CT
City-St-Zip: MIRAMAR, FL 33029

Title: MGRM () Delete
Name: HYDER, SAWANI
Address: 3900 SW 186TH WAY
City-St-Zip: MIRAMAR, FL 33029

Title: MGRM () Delete
Name: PERVEEN, SAWANI
Address: 3900 SW 186TH WAY
City-St-Zip: MIRAMAR, FL 33029

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:

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: FARID HEMANI

MGRM

04/30/2008

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