

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121350

FILED  
Jul 11, 2007  
Secretary of State

Entity Name: D & W DELI AT SHERIDAN, LLC

## Current Principal Place of Business:

15440 S.W. 82 AVENUE  
MIAMI, FL 33157

## New Principal Place of Business:

15641 SHERIDAN ST.  
SUITE 100  
DAVIE, FL 33331 US

## Current Mailing Address:

15440 S.W. 82 AVENUE  
MIAMI, FL 33157

## New Mailing Address:

6801 N.W. 77TH AVENUE  
203  
MIAMI, FL 33166

FEI Number: 20-8063812      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

KAPLAN, DANIEL  
15440 S.W. 82 AVENUE  
MIAMI, FL 33157 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: KAPLAN, DANIEL  
Address: 15440 S.W. 82 AVENUE  
City-St-Zip: MIAMI, FL 33157 US

Title: MGR ( ) Change (X) Addition  
Name: RUBENSTEIN, JON  
Address: 9076 SW 59 COURT  
City-St-Zip: MIAMI, FL 33156 US

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: DANIEL KAPLAN

MGR

07/11/2007

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