2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Sep 02, 2008 8:00 am Secretary of State **DOCUMENT # L07000013606** 09-02-2008 90077 008 ***138.75 LINDA'S HOT DOGS & MORE LLC Mailing Address Principal Place of Business 2264 WAUTOMA PLACE 2264 WAUTOMA PLACE 50009889 ORLANDO, FL 32818-5213 ORLANDO, FL 32818-5213 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08212008 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State 20-8533586 Not Applicable Zip Country Ζip Country \$5,00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GALES, LINDER Street Address (P.O. Box Number is Not Acceptable) 2264 WAUTOMA PLACE ORLANDO, FL 32818-5213 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to liability company did not receive the prior notice. Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM Delete TITLE ☐ Change Addition TITLE GALES, LINDER NAME NAME STREET ADDRESS STREET ADDRESS 2264 WAUTOMA PLACE ORLANDO, FL 328185213 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE AND TYPED OR PE

FILED

8/22/2008 (407)276-3556

Daytime Phone #