

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000032718

FILED
Apr 29, 2009
Secretary of State

Entity Name: GATOR CATERING, LLC

Current Principal Place of Business:

1365 WINSLOW LANE
NORTH PORT, FL 34286 US

New Principal Place of Business:

Current Mailing Address:

1365 WINSLOW LANE
NORTH PORT, FL 34286 US

New Mailing Address:

FEI Number: 20-8724891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPMAN, KENNETH D JR
1920 GOLF STREET
SARASOTA, FL 34236 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: EDMONDS, KEVIN F
Address: 1365 WINSLOW LANE
City-St-Zip: NORTH PORT, FL 34286 US

Title: MGR () Delete
Name: EDMONDS, JOHN B
Address: 163 RANDWOOD DRIVE
City-St-Zip: GETZVILLE, NY 14068 US

Title: MGR () Delete
Name: SAVILLE, CHRISTIAN B
Address: 1377 FLAMINGO BLVD
City-St-Zip: PORT CHARLOTTE, FL 33953 US

Title: MGR () Delete
Name: PHILLIPS, WILLIAM
Address: 60 BISHOPS COURT
City-St-Zip: OSPREY, FL 34229 US

Title: MGR () Delete
Name: CHAPMAN, KENNETH D JR
Address: 1920 GOLF STREET
City-St-Zip: SARASOTA, FL 34236 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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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: KEVIN F EDMONDS

MGR

04/29/2009

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