## 2008 LIMITED LIABILITY COMPANY

## Apr 28, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT #L07000042383 04-28-2008 90036 007 \*\*\*138.75 INDIAN RIVER CATERING SERVICES LLC Principal Place of Business Mailing Address 800 S. BREVARD AVE. #215 P.O. BOX 320779 60029720 COCOA BEACH, FL 32932 COCOA BEACH, FL 32931 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7101 RIDGEWOOD AVE. P.O. BOX 320779 Suite, Apt. #, etc. Suite, Apt. #, etc. 04152008 Chq-LLC CR2E083 (12/06) #210 City & State City & State Applied For 4. FEI Number 20-8955064 PORT CANAVERAL, FL COCOA BEACH, FL Not Applicable Zin Zip Country Country \$5.00 Additional 5. Certificate of Status Desired П 32920-3148 USA 32932-0779 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BURTH, CARSTEN** BURTH, CARSTEN 800'S BREVARD AVE. #215 Street Address (P.O. Box Number is Not Acceptable) = COCOA BEACH, FL 32931 7101 RIDGEWOOD AVE, #210 Zip Code 32920-3148 City PORT CANAVERAL 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. Lam familiar with, and accept the obligations of registered agent. F ... Signature, typed or printed name of negislated agent and title if applicable (NOTE: Registered Agent signature required whom reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete THE MGR Change ☐ Addition NAME BURTH, CARSTEN NAME BURTH, CARSTEN 800 S. BREVARD AVE. #215 STREET ADDRESS STREET ADDRESS 7101 RIDGEWOOD AVE, #210 CITY-ST-71P COCOA BEACH, FL 32931 CITY - ST - ZIP PORT CANAVERAL, FL 32920-3148 TITLE Delete THIE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. Thereby 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 of trusted empowered to execute this report as required by Chapter 608. Florida Statutes.

CITY-ST-ZIP

CARSTEN BURTH

04/21/2008

321-368-2524

FILED

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

Date

Daytime Phone #