## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED** Jul 03, 2008 8:00 am

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DOCUMENT # L07000048042  1. Entity Name RODIZIO'S OF TALLAHASSEE, LLC						Secretary of State 05-02-2008 90015 014 ***138.75					
1122 THO	e of Business MASVILLE ROAD, #1 ASSEE, FL 32301	Mailing Address 2856 FITZPATRICK DRIVE TALLAHASSEE, FL 32309				300	1019	O			
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address			(L0	700004804	12C)				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				04302008 Chg-LLC CR2E083 (12/06)					
City & Stat	· · · · · · · · · · · · · · · · · · ·	City & State			4. FEI Numb	"172397	ا ا		oplied For ot Applicable		
Zip	Country	Zip Country			5. Certificate of Status Desired S5.00 Additional Fee Required						
	Name and Address of Current I	Registered Agent		Name	· · · · ·	7. Name and	Address of New R	egistered A	gent		
MARKS, STEPHEN 2856 M FITZPATRICK DRIVE TALLAHASSEE. FL 32309			-		Street Address (P.O. Box Number is Not Acceptable)						
			-	City				FL	Zip Cod		
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered	d office or n	egistere	ed agent, or bo	th, in the State of Fic	rida. Iam fa	amiliar with,	and accept	
SIGNATURE .	Signeture, typed or printed name of registered agent a	nd tide if applicable. (MOTE:	Registered	Agent signature	required	when reinstating)		DAJE			
	NOWIII FEE IS \$138.75 -1, 2008 Fee will be \$538.75	,		<del> </del>	<u> </u>			e check pa Departme	-	<b>a</b>	
9.	MANAGING MEMBET	RS/MANAGERS .	10.				ADDITIONS/	CHANGES	•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARKS, STEVE 2856 FITZPATRICK DRIVE TALLAHASSEE, FL 32309	C.3 Detete	TITLE NAME STREET	T ADORESS ST-ZIP					Ctrange	Addition	
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11. I hereby certify that the information supplied with this fiting 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PROVIDED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/2008

850-298-4300 Daytime Phone #

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5/2/2008-90015-014-\$138.75-\$138.75

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DOCUMENT # L07000048042  1. Entity Name. RODIZIO'S OF TALLAHASSEE, LLC						ATTAGARA					
						ATTACHMENT					
Principal Place of Business Mailing Address						ļ		* ( ( ( ( ) ( )	7101		
1122 THOMASVILLE ROAD, #1 2856 FITZPATRICK DR TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32					·	: 3	200	10	1/3	J	
Principal Place of Business - No P.O. Box # 3. Mailing Address					(L0	700004804	2C)				
Suite, Apt. #, etc. Suite, Apt. #, etc.						04302008	Chg-LLC	CR2E08	3 (12/06)		_
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ΖΊφ		Country Zip Coun		ritry	l.,	e of Status Desired	L) È	5.00 Ad se Require			
	6. Name	and Address of Currer	xt Registered Agent		Name	7. Name en	d Address of New Re	gistered A	perst		-
MARKS, STEPHEN 2856 SE FITZPATRICK DRIVE TALLAHASSEE, FL 32309				Street Address (P.O. Box Number is Not Acceptable)							
					City			FL	Zip Cod	8	
	named entit		for the purpose of changing its	s register	ed office or registe	red agent, or b	oth, in the State of Flor	ida. I am la	miliar with.	and accept	1
j .		and again,									
SIGNATURE	Signesire, typed	or printed name of registered age	rs and see if applicable. (NO	E: Regelere	d Agent signature requires	d when revening)		OATE			_]
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75								check pay Departmen		•	Ì
9.	•	MANAGING MEM	BERS/MANAGERS	10.			ADDITIONS/0	CHANGES			1
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11. Hereby 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 cath; 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.											
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SIGNAT	TURE: _	NOON	en 11 cesto	_د		<u> </u>	13019008	<u> </u>	<u> </u>	<u> 30-430</u>	4