

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000068645

FILED
May 01, 2009
Secretary of State

Entity Name: A L & L RESTAURANTS FT. HARRISON, LLC

Current Principal Place of Business:

201 NORTH FORT HARRISON AVE.
CLEARWATER, FL 337554022

New Principal Place of Business:

Current Mailing Address:

15736 PHOEBEPARK AVENUE
LITHIA, FL 33457

New Mailing Address:

644 YARDARM DR
APOLLO BEACH, FL 33572 US

FEI Number: 26-0443070 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:

THE RINALDO LAW FIRM, P.A.
1102 SOUTH FLORIDA AVE.
LAKELAND, FL 33803 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: LANDI, ANTHONY
Address: 15736 PHOEBEPARK AVENUE
City-St-Zip: LITHIA, FL 33547

Title: MGR (X) Delete
Name: LARUSSA, LEONARD
Address: 15736 PHOEBEPARK AVENUE
City-St-Zip: LITHIA, FL 33547

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LANDI, ANTHONY MGR
Address: 644 YARDARM DR
City-St-Zip: APOLLO BEACH, FL 33572 US

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: ANTHONY LANDI

MGR

05/01/2009

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