

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90129 032 \*\*\*138.75

<b>DOCUMENT # L07000075580</b>	
1. Entity Name <b>COQUINA SHERIDAN RESTAURANT LLC</b>	

Principal Place of Business <b>15791 SHERIDAN STREET FORT LAUDERDALE FL 33331 US</b>	Mailing Address <b>4611 JOHNSON ROAD SUITE 1 COCONUT CREEK FL 33073 US</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address <b>15791 Sheridan Street</b> Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/07)

City & State <b>Fort Lauderdale FL</b>	City & State <b>Fort Lauderdale FL</b>
Zip <b>33331</b>	Country <b>USA</b>

4. FEI Number <b>26-0553592</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>CARNRICK, PAUL K MR. 5014 BLUE HERON WAY BOCA RATON FL 33431</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 Paul K. Carnrick 2-7-8  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<p><b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008, Fee Will Be \$538.75</b> <b>Make Check Payable to Florida Department of State</b></p>	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>MGR CARNRICK, PAUL K MR. 4611 JOHNSON ROAD COCONUT CREEK FL 33073</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Paul K. Carnrick 2-7-8 561-213-0202  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

## ATTACHMENT



*pizza, pasta, perfect*

**CORPORATE OFFICES**

4611 JOHNSON RD, SUITE #1  
COCONUT CREEK, FLORIDA 33073  
954 601 0500 FAX: 954 601 0501  
info@rotellipizzapasta.com

60021619  
#L07000075580

**February 28, 2008**

**To all our Vendors:**

**RE: Change of Mailing Address & Phone Number**

Dear Valued Vendors,

Effective immediately our mailing address and corporate phone number has changed, please forward all Invoices, statements or any correspondence to:

**Coquina Sheridan Restaurant, LLC.**

**DBA: Rotelli Pizza Pasta**

**15791 Sheridan Street**

**Ft. Lauderdale, FL 33331**

**Phone# (954) 642-6966**

**Email: [maria@rotellipp.com](mailto:maria@rotellipp.com)**

You can contact at this number Paul Carnrick, Adam Eckstein or Maria N. Cintron. We apologize for the inconvenience and if we can assist you in any way please do not hesitate to contact us. Thank you for your cooperation and look forward to doing business with you.

Sincerely,

**Maria N. Cintron**

**Accounting Manager**

**(954) 642-6966**