

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084515

FILED  
Aug 06, 2008  
Secretary of State

Entity Name: RED'S (P) GOURMET, LLC

**Current Principal Place of Business:**

400 WEST CHURCH STREET, SUITE B  
ORLANDO, FL 32801

**New Principal Place of Business:**

1 E. COLONIAL DR  
ORLANDO, FL 32801

**Current Mailing Address:**

400 WEST CHURCH STREET, SUITE B  
ORLANDO, FL 32801

**New Mailing Address:**

PO BOX 618697  
ORLANDO, FL 32861

FEI Number: 26-0675128      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:**

MARRIAGA, ALEJANDRO L ESQ.  
150 N. ORANGE AVENUE SUITE 404  
ORLANDO, FL 32801      US

**Name and Address of New Registered Agent:**

MARRIAGA, ALEJANDRO L ESQ.  
13538 VILLAGE PARK DR SUITE 225  
ORLANDO, FL 32837      US

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:

08/06/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: SEQUAR, GHENET F MANAGER  
Address: 8616 CHICORY CT  
City-St-Zip: ORLANDO, FL 32825

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: GHENET F SEQUAR

MGRM

08/06/2008

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