

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093565

FILED
Apr 14, 2008
Secretary of State

Entity Name: SOUTH FLORIDA CATERING LLC

Current Principal Place of Business:

6023 WILLIAMSBURG WAY
TAMPA, FL 33625

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2000
LAND O LAKES, FL 34639

New Mailing Address:

FEI Number: 26-0897300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCBRIDE, MICHAEL
6023 WILLIAMSBURG WAY
TAMPA, FL 33625 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: MGRM () Delete
Name: MCBRIDE, MICHAEL P
Address: 6023 WILLIAMSBURG WAY
City-St-Zip: TAMPA, FL 33625

Title: MGRM () Delete
Name: ALLEGER, CHARLES E III
Address: 3937 CHUCER WAY
City-St-Zip: LAND O LAKES, FL 34639

Title: MGRM () Delete
Name: MCBRIDE, CHARLES E III
Address: 19825 LEONARD RD
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHARLES E ALLEGER III

MGRM

04/14/2008

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