2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000095286

Entity Name: GATORBOYS DELI, LLC

Address:

City-St-Zip:

PO BOX 1459

LADY LAKE, FL 32158

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 16106 MARSH ROAD -SUITE 101 WINTER GARDEN, FL 34787 **Current Mailing Address: New Mailing Address:** 918 DUFF DRIVE 16106 MARSH ROAD -SUITE 101 WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 FEI Number: 26-1232835 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: Name and Address of New Registered Agent: MCLEOD, STEPHEN T 918 DUFF DRIVE WINTER GARDEN, FL 34787 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete MCLEOD, STEPHEN T Name: Name: Address: 918 DUFF DRIVE Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SINOPOLI, DARREN Name: Address: 17052 FLORENCE VIEW DRIVE Address: City-St-Zip: MONTVERDE, FL 34756 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HARTMAN, JAYSON Name: Name: 17622 CIRCLE POND COURT Address: Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HAYES, DAVÌD Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: STEPHEN MCLEOD MGMR 05/01/2009