2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE

Apr 24, 2008 8:00 am Secretary of State **DOCUMENT # L07000105397** 04-24-2008 90010 011 ***143.75 BIG DADDY'S FIERY FOODS "LLC." Principal Place of Business Mailing Address 324 ARGUS RD 324 ARGUS RD 60027666 VENICE, FL 34293 VENICE, FL 34293 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6555 GATE LOAY AVE Suite, Apt. #, etc. Suite, Apt. #, etc 01112008 CR2E083 (12/06) Cha-LLC Applied For 4. FEI Number City & State City & State SARASOTA <u>061803645</u> Not Applicable \$5.00 Additional Country 7ip Country 5. Certificate of Status Desired Sarasota 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RIZZO, CHARLES F JR Street Address (P.O. Box Number is Not Acceptable) 324 ARGUS RD VENICE, FL 34293 Zip Code City 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 DATE (NOTE: Registered Agent eignature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State 9. ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. ☐ Change Addition TITLE ☐ Delete MGR TITLE . NAME RIZZO, CHARLES F JR. MARAF STREET ADDRESS 324 ARGUS RD STREET ADDRESS CITY-ST-ZIP **VENICE, F 34293** CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 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. 941-922-8357

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/20/08

Daytime Phone #

FILED