

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

03-28-2008 90173 012 ***138.75

DOCUMENT # L07000116396					
1. Entity Name MCVILLA'S GOURMET BAGEL & DELI RESTAURANT, LLC					
Principal Place of Business 1300 BEACON CIRCLE WEST PALM BEACH, FL 33414 US			Mailing Address 1300 BEACON CIRCLE WEST PALM BEACH, FL 33414 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-1426765	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WEISS, MORTON 13119 VIA MINERVA DELRAY BEACH, FL 33484				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 _____ (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WIAH, MCVILLA 1300 BEACON CIRCLE WEST PALM BEACH, FL 33414		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WIAH, TOM 1300 BEACON CIRCLE WEST PALM BEACH, FL 33414	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Correction made in bk. 4	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fei 26-1426765	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions indicated on this report is true and accurate and that my signature shall have the same legal effect limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 600, Florida Statutes.					
SIGNATURE: <u>Tom Wiah Jr.</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					

ATTACHMENT

30005121

#207000116396



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Notes:

Mgr.

Tom Wiah, Jr.

1300 Beacon Circle

West Palm Beach

Fla. 33414

Get details at visa.com/extras
or call (800) 960-8472.

See reverse for complete details.*