

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000116932

**FILED**  
**Mar 18, 2009**  
**Secretary of State**

**Entity Name:** MAP FOOD SERVICES, LLC

**Current Principal Place of Business:**

10101 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

9711 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

10101 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

10100 WEST SAMPLE ROAD  
3RD FLOOR  
CORAL SPRINGS, FL 33065

**FEI Number:** 26-1441679

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PONNOCK, ANDREW A  
10101 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065 US

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

PONNOCK, ANDREW A  
10100 WEST SAMPLE ROAD  
3RD FLOOR  
CORAL SPRINGS, FL 33065 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: ANDREW A. PONNOCK

03/18/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PONNOCK, ANDREW A  
Address: 10101 WEST SAMPLE ROAD  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PONNOCK, ANDREW A  
Address: 10100 WEST SAMPLE ROAD, 3RD FLOOR  
City-St-Zip: CORAL SPRINGS, FL 33065

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: ANDREW A PONNOCK

MGR

03/18/2009

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