

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121060

FILED  
Aug 12, 2009  
Secretary of State

Entity Name: MENOLI RESTAURANTS LLC

**Current Principal Place of Business:**

1988 ALT 19 SOUTH, #4  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

1988 ALT 19 SOUTH, #4  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

FEI Number: 77-0707014      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:**

ISMAILI, MENDI  
1259 DRUID ROAD, EAST  
CLEARWATER, FL 33756      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:**

Title: MGR      ( ) Delete  
Name: ISMAILI, MENDI  
Address: 1988 ALT 19 SOUTH, #4  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGR      ( ) Delete  
Name: BOJKA, FANOL  
Address: 1988 ALT 19 SOUTH, #4  
City-St-Zip: TARPON SPRINGS, FL 34689

**ADDITIONS/CHANGES:**

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: MENDI ISMAILI

MGR

08/12/2009

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