

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121720

FILED  
Jan 15, 2008  
Secretary of State

Entity Name: CHAI YO THAI CUISINE, LLC

**Current Principal Place of Business:**

9421 CYPRESS HARBOR DRIVE  
GIBSONTON, FL 33534

**New Principal Place of Business:**

**Current Mailing Address:**

9421 CYPRESS HARBOR DRIVE  
GIBSONTON, FL 33534

**New Mailing Address:**

FEI Number: 77-0705320

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOWLER WHITE BOGGS BANKER P.A.  
% HUNTER J. BROWNLEE  
501 E. KENNEDY BLVD., STE. 1700  
TAMPA, FL 33602 US

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

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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR ( ) Change (X) Addition  
Name: SAENNGARM, NOPPARAT  
Address: 9421 CYPRESS HARBOR DR.  
City-St-Zip: GIBSONTON, FL 33534

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: NOPPARAT SAENNGARM

MR

01/15/2008

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