

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000010696

Entity Name: HEAVEN'S BEST BAR-B-QUE, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

3616 S. LANE AVENUE
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

3613 S. LANE AVENUE
JACKSONVILLE, FL 32210 US

Current Mailing Address:

5754 PLUM HOLLOW DRIVE WEST
JACKSONVILLE, FL 32222 US

New Mailing Address:

FEI Number: 38-3772734 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:

JOHNSON, LOUIS JR.
5754 PLUM HOLLOW DRIVE WEST
JACKSONVILLE, FL 32222 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: MGRM () Delete
Name: JOHNSON, LOUIS JR.
Address: 5754 PLUM HOLLOW DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32222 US

Title: MGRM (X) Delete
Name: CANTRELL, WILLIE J
Address: 821 WELLHOUSE DRIVE
City-St-Zip: JACKSONVILLE, FL 32220 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CANTRELL, WILLIE J
Address: 821 WELLHOUSE DRIVE
City-St-Zip: JACKSONVILLE, FL 32220 US

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: WILLIE J. CANTRELL

MGRM

05/01/2009

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