

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000032249

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** BIG PAPA'S CONCESSIONS AND CATERING, LLC

**Current Principal Place of Business:**

4107 SW 7TH AVENUE  
CAPE CORAL, FL 33914 US

**New Principal Place of Business:**

**Current Mailing Address:**

4107 SW 7TH AVENUE  
CAPE CORAL, FL 33914 US

**New Mailing Address:**

**FEI Number:** 26-2342823      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

ADAMS, CARL HUBBARD  
4107 SW 7TH AVENUE  
CAPE CORAL, FL 33914 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  
**Name:** ADAMS, CARL HUBBARD  
**Address:** 4107 SW 7TH AVENUE  
**City-St-Zip:** CAPE CORAL, FL 33914 US

**Title:** MGRM  
**Name:** ADAMS, GINA LYNNE  
**Address:** 4107 SW 7TH AVENUE  
**City-St-Zip:** CAPE CORAL, FL 33914 US

I hereby 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: CARL H. ADAMS

MGRM

04/26/2011

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