

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000033695

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Entity Name:** RESTAURANT ENTERTAINMENT SYSTEMS LLC

**Current Principal Place of Business:**

653 W 23RD ST.  
#149  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

4021 DEERPOINT LAKE DRIVE  
SOUTHPORT, FL 32409

**Current Mailing Address:**

653 W 23RD ST.  
#149  
PANAMA CITY, FL 32405

**New Mailing Address:**

451 HUNGERFORD DRIVE, SUITE 119-142  
ROCKVILLE, MD 20850

**FEI Number:** 41-2274465

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HANKS, PATRICK JR.  
653 W 23RD ST.  
#149  
PANAMA CITY, FL 32405 US

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

MOSELEY, KIMBERLY  
4021 DEERPOINT LAKE DRIVE  
SOUTHPORT, FL 32409 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: KIMBERLY MOSELEY

04/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HANKS, PATRICK JR.  
Address: 653 W 23RD ST., #149  
City-St-Zip: PANAMA CITY, FL 32405

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HANKS, PATRICK JR.  
Address: 451 HUNGERFORD DRIVE, SUITE 119-142  
City-St-Zip: ROCKVILLE, MD 20850

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: PATRICK HANKS

MGR

04/28/2009

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