

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000034662

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** GOICHI MATSUMOTO RESTAURANTS LLC

**Current Principal Place of Business:**

4563 BEE RIDGE ROAD  
SARASOTA, FL 34239

**New Principal Place of Business:**

4563 BEE RIDGE ROAD  
SARASOTA, FL 34233

**Current Mailing Address:**

1534 AMNESTY DRIVE  
NORTH PORT, FL 34288

**New Mailing Address:**

**FEI Number:** 26-2316206

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MATSUMOTO, GOICHI  
1534 AMNESTY DRIVE  
NORTH PORT, FL 34288 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: MATSUMOTO, GOICHI  
Address: 1534 AMNESTY DRIVE  
City-St-Zip: NORTH PORT, FL 34288

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: GOICHI MATSUMOTO

OWNR

01/07/2010

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