2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L08000038354

Entity Name: GOURMET GREENS SALAD CUISINE, LLC

Current Principal Place of Business:

584 CRUZ BAY CIRCLE
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 195042
WINTER SPRINGS, FL 32719

New Mailing Address:

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

Name and Address of Current Registered Agent:

GALANTY, SHELLY L
584 CRUZ BAY CIRCLE
WINTER SPRINGS, FL 32708 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: CEO ( ) Delete
Name: GALANTY, SHELLY L
Address: P.O. BOX 195042
City-St-Zip: WINTER SPRINGS, FL 32719

Title: PRES ( ) Delete
Name: GALANTY, GARY L
Address: P.O. BOX 195042
City-St-Zip: WINTER SPRINGS, FL 32719

Title: VP ( ) Delete
Name: STEINKE, RICHARD P
Address: P.O. BOX 195042
City-St-Zip: WINTER SPRINGS, FL 32719

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SHELLY GALANTY CEO 04/29/2009

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