

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000042451

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Entity Name:** PROOF OF DINING, LLC

**Current Principal Place of Business:**

988 BLVD. OF THE ARTS, UNIT 1709  
SARASOTA, FL 34236

**New Principal Place of Business:**

988 BLVD. OF THE ARTS  
SUITE 1709  
SARASOTA, FL 34236

**Current Mailing Address:**

988 BLVD. OF THE ARTS, UNIT 1709  
SARASOTA, FL 34236

**New Mailing Address:**

988 BLVD. OF THE ARTS  
SUITE 1709  
SARASOTA, FL 34236

**FEI Number:** 26-2507447

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SLAVIN, JAMES M  
988 BLVD. OF THE ARTS, UNIT 1709  
SARASOTA, FL 34236 US

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

SLAVIN, JAMES M P  
988 BLVD. OF THE ARTS  
SUITE 1709  
SARASOTA, FL 34236 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:** JAMES M SLAVIN

04/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** SLAVIN, JAMES M  
**Address:** 988 BLVD. OF THE ARTS, UNIT 1709  
**City-St-Zip:** SARASOTA, FL 34236

**ADDITIONS/CHANGES:**

**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:** JAMES M SLAVIN

P

04/15/2009

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