

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000045293

FILED  
Jun 17, 2009  
Secretary of State

**Entity Name:** BUTLER CATERING COMPANY, LLC

**Current Principal Place of Business:**

915 ALACHUA AVE  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

915 ALACHUA AVE  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

KNOLL, KRISTINA H  
915 ALACHUA AVE  
TALLAHASSEE, FL 32308 US

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

BUTLER, KRISTINA K  
915 ALACHUA AVE  
TALLAHASSEE, FL 32308 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: KRISTINA K. BUTLER

06/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MRS ( ) Change (X) Addition  
Name: BUTLER, KRISTINA K  
Address: 915 ALACHUA AVE  
City-St-Zip: TALLAHASSEE, FL 32308

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: KRISTINA K BUTLER

MRS

06/17/2009

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