

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062403

FILED
Aug 13, 2009
Secretary of State

Entity Name: SIMPSON AND LARKIN RESTAURANTS LLC

Current Principal Place of Business:

342 ANGLER DRIVE
1001
GOODLAND, FL 34140 US

New Principal Place of Business:

789 HERNANDO DR
MARCO ISLAND, FL 34145 US

Current Mailing Address:

PO BOX 591
MARCO ISLAND, FL 34146 US

New Mailing Address:

FEI Number: 28-2868625 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

SIMPSON, ZACHARY
342 ANGLER DRIVE
1001
GOODLAND, FL 34140 US

Name and Address of New Registered Agent:

SIMPSON, ZACHARY K MGRM
1374 WILDWOOD LAKES BLVD
UNIT 2
NAPLES, FL 34104 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: ZACHARY K SIMPSON

08/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LARKIN, TODD J
Address: 334 ANGLER DRIVE, UNIT 802
City-St-Zip: GOODLAND, FL 34140 US

Title: MGRM () Delete
Name: LARKIN, VANESSA P
Address: 334 ANGLER DRIVE, UNIT 802
City-St-Zip: GOODLAND, FL 34140 US

Title: MGRM () Delete
Name: SIMPSON, ZACHARY K
Address: 342 ANGLER DRIVE, UNIT 1001
City-St-Zip: GOODLAND, FL 34140 US

Title: MGRM (X) Delete
Name: SIMPSON, MARY K
Address: 342 ANGLER DRIVE, UNIT 1001
City-St-Zip: GOODLAND, FL 34140 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: OLIGER, KARI
Address: 789 HERNANDO DR
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGRM (X) Change () Addition
Name: SIMPSON, MARY K
Address: 1374 WILDWOOD LAKES BLVD, #2
City-St-Zip: NAPLES, FL 34104

Title: MGRM (X) Change () Addition
Name: SIMPSON, ZACHARY K
Address: 1374 WILDWOOD LAKES BLVD, #2
City-St-Zip: NAPLES, FL 34104 US

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: ZACHARY K SIMPSON

MGRM

08/13/2009

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