

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000109692

FILED  
Sep 01, 2009  
Secretary of State

Entity Name: UNITED RESTAURANT SERVICES LLC

## Current Principal Place of Business:

658 STERLING DR  
KISSIMMEE, FL 34758

## New Principal Place of Business:

658 STERLING DR  
658 STERLING DR.  
KISSIMMEE, FL 34758

## Current Mailing Address:

658 STERLING DR  
KISSIMMEE, FL 34758

## New Mailing Address:

658 STERLING DR  
658 STERLING DR.  
KISSIMMEE, FL 34758

FEI Number: 94-3454864      FEI Number Applied For ( )      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:

LABOY, LUIS  
658 STERLING DR  
KISSIMMEE, FL 34758      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 ( ) Delete  
Name: LABOY, LUIS JR  
Address: 658 STERLING DR  
City-St-Zip: KISSIMMEE, FL 34758

Title: MGRM ( ) Delete  
Name: LABOY, LUIS SR  
Address: 239 CITY ISLAND AVE  
City-St-Zip: BRONX, NY 10464

Title: MGR ( ) Delete  
Name: LABOY, NIULKA E  
Address: 658 STERLING DR  
City-St-Zip: KISSIMMEE, FL 34758

## 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: LUIS LABOY SR.

MGRM

09/01/2009

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