

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000111132

FILED
Sep 14, 2009
Secretary of State**Entity Name:** ALWAYS BE COOKING, L.L.C.**Current Principal Place of Business:**4493 11TH AVE SW
NAPLES, FL 34116**New Principal Place of Business:****Current Mailing Address:**4493 11TH AVE SW
NAPLES, FL 34116**New Mailing Address:****FEI Number:** 26-3759513**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FUTRELL, LARRY D
4493 11TH AVE SW
NAPLES, FL 34116 US**Name and Address of New Registered Agent:**SPARKMAN, RICHARD D
646 109TH AVE NORTH
NAPLES, FL 34108 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: RICHARD D. SPARKMAN

09/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGRM () Delete
Name: FUTRELL, LARRY D
Address: 4493 11TH AVE SW
City-St-Zip: NAPLES, FL 34116Title: MGRM () Delete
Name: FUTRELL, CASSANDRA D
Address: 4493 11TH AVE SW
City-St-Zip: NAPLES, FL 34116Title: MGRM (X) Delete
Name: TRISSLER, THOMAS M
Address: 760 20TH AVE NW
City-St-Zip: NAPLES, FL 34120**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: CASSANDRA FUTRELL

MGRM

09/14/2009

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