

# 2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000111946

FILED  
Jul 08, 2009  
Secretary of State

Entity Name: MT'S CHOP HOUSE OF VERO BEACH, LLC

**Current Principal Place of Business:**

1555 OCEAN DRIVE  
VERO BEACH, FL 32963

**New Principal Place of Business:**

**Current Mailing Address:**

1555 OCEAN DRIVE  
VERO BEACH, FL 32963

**New Mailing Address:**

FEI Number: 26-3845981

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WALKER, S. SCOTT  
527 EAST UNIVERSITY AVENUE  
GAINESVILLE, FL 32602 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: TERHEGGEN, MARK  
Address: 3545 S.W. 34TH STREET, #A  
City-St-Zip: GAINESVILLE, FL 32608

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

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PRT ( ) Change (X) Addition  
Name: BRACKETT, ROBERT A MR.  
Address: 2066 14TH AVENUE  
City-St-Zip: VERO BEACH, FL 32960 US

Title: PRT ( ) Change (X) Addition  
Name: MICHAUD, TIM MR.  
Address: 1580 U. S, 1  
City-St-Zip: SEBASTIAN, FL 32958 US

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: ROBERT A. BRACKETT

PRT

07/08/2009

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