

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000052374

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** MOBILE MEALS, LLC

**Current Principal Place of Business:**

8909 MAGNOLIA CHASE CIRCLE  
TAMPA, FL 33647 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 48948  
TAMPA, FL 33646 US

**New Mailing Address:**

**FEI Number:** 94-3484449

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEKDECI, ELIZABETH S  
8909 MAGNOLIA CHASE CIRCLE  
TAMPA, FL 33647 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  
Name: MEKDECI, ELIZABETH S  
Address: 8909 MAGNOLIA CHASE CIRCLE  
City-St-Zip: TAMPA, FL 33647 FL

I hereby 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: ELIZABETH S. MEKDECI

MGRM

02/16/2011

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