

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000103946

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**Entity Name:** MID FLORIDA RESTAURANT EQUIPMENT & SUPPLY LLC

**Current Principal Place of Business:**

12949 ISLAMORADA DRIVE  
ORLANDO, FL 32837 US

**New Principal Place of Business:**

809 E. DONEGAN AVEUNE  
KISSIMMEE, FL 34744 US

**Current Mailing Address:**

12949 ISLAMORADA DRIVE  
ORLANDO, FL 32837 US

**New Mailing Address:**

809 E. DONEGAN AVEUNE  
KISSIMMEE, FL 34744 US

**FEI Number:** 27-3670419

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BUCKLES, REGINALD K  
12949 ISLAMORADA DRIVE  
ORLANDO, FL 32837 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: BUCKLES, REGINALD K  
Address: 12949 ISLAMORADA DRIVE  
City-St-Zip: ORLANDO, FL 32837 US

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: REGINALD K. BUCKLES

MGRM

03/10/2011

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