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03-02-2011
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LR-VOL

Detail by Entity Name

Florida Limited Liability Company

FLORIDA DINING CONCEPTS DT, LLC

Filing Information

Document Number	L10000117663
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State	FL
Status	ACTIVE

AS UPDATE 27-3990232

L10000117663

Principal Address

5555 S. KIRKMAN ROAD
STE. 201
ORLANDO FL 32819 US

Mailing Address

5555 S. KIRKMAN ROAD
STE. 201
ORLANDO FL 32819 US

Registered Agent Name & Address

HODGE, RANDALL R
5555 S. KIRKMAN ROAD
STE. 201
ORLANDO FL 32819 US

Manager/Member Detail

Name & Address

Title MGR

KHATIB, RASHID A
5555 S. KIRKMAN ROAD, STE. 201
ORLANDO FL 32819 US

Annual Reports

No Annual Reports Filed

Document Images

11/12/2010 -- Florida Limited Liability | View image in PDF format

Note: This is not official record. See documents if question or conflict.

IRS Verification Form

Form must be accompanied by a completed 8821

IRS EE Name: Ms. Green

IRS EE Badge ID #: 1000195990

Client's EIN: 27-3990232

Client's Legal Name: Florida Diving Concepts DT, LLC

Client's Legal Address: 5555 S. Kirkman Rd Suite 201
Orlando, FL 32819

Sales Rep: Katie Sandbach

Signature: Katie Sandbach

Verification Date: 3/1/2011

Verification Time: 2:25 pm

Form **8821**
(Rev. August 2008)
Department of the Treasury
Internal Revenue Service

Tax Information Authorization

► Do not sign this form unless all applicable lines have been completed.

► Do not use this form to request a copy or transcript of your tax return. Instead, use Form 4506 or Form 4506-T.

OMB No. 1545-1165
For IRS Use Only
Received by:
Name
Telephone
Function
Date / /

1 Taxpayer information. Taxpayer(s) must sign and date this form on line 7.

Taxpayer name(s) and address (type or print)	Social security number(s)	Employer identification number
FLORIDA DINING CONCEPTS DT, LLC 5555 S. KIRKMANRD #201 ORLANDO, FL 32819		27-3990232
	Daytime telephone number (407) 354-2200	Plan number (if applicable)

2 Appointee. If you wish to name more than one appointee, attach a list to this form.

Name and address	
Paychex, Inc. EIN 16-1124166 911 Panorama Trail South Rochester, NY 14625	CAF No. Telephone No. Fax No. Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr.)
EMPLOYMENT	941, 940, SS-4		EIN VERIFICATION

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions on page 4. If you check this box, skip lines 5 and 6 . ► ☑
Confirmation of EIN & Address

5 Disclosure of tax information (you must check a box on line 5a or 5b unless the box on line 4 is checked):

a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box . . . . . ► ☐

b If you do not want any copies of notices or communications sent to your appointee, check this box . . . . . ► ☐

6 Retention/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you must attach a copy of any authorizations you want to remain in effect and check this box . . . . . ► ☐

To revoke this tax information authorization, see the instructions on page 4.

7 Signature of taxpayer(s). If a tax matter applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods on line 3 above.

► **IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

► **DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.**

Signature	Date	Signature	Date
[signature]	2/22/10		
RANDY HODGE	V.P.		
Print Name	Title (if applicable)	Print Name	Title (if applicable)
☐☐☐☐☐ PIN number for electronic signature		☐☐☐☐☐ PIN number for electronic signature	