

L10 000117663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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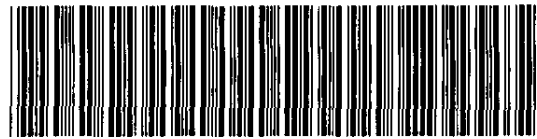
(Business Entity Name)

(Document Number)

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03-02-2011
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Florida Limited Liability Company	
FLORIDA DINING CONCEPTS DT, LLC	
Filing Information	
Document Number	L10000117663
FEE/EIN Number	NONE
Date Filed	11/12/2010
State	FL
Status	ACTIVE
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	
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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 Dining Concepts DT, LLC

Client's Legal Address: 5555 S. Kirkman Rd Suite 201

Orlando, FL 32819

Sales Rep: Katie Sandbac

Signature: Katie Sandbac

Verification Date: 3/1/2011

Verification Time: 2:25 pm

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. 1545-0045
For IRS Use Only

Prepared by _____
Name _____
Telephone _____
Fax _____
Date _____

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

Taxpayer name(s) and address (type or print) FLORIDA DINING CONCEPTS, LLC 5555 S. KIRKMAN RD #201 ORLANDO, FL 32819	Social security number(s) _____	Employer identification number 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. ☐
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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, 55-4		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 2/22/10	Signature _____	Date _____
Print Name RANDY HODGE	Title (if applicable) V-P	Print Name _____	Title (if applicable) _____

☐ ☐ ☐ ☐ ☐ PIN number for electronic signature

☐ ☐ ☐ ☐ ☐ PIN number for electronic signature