

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000022007

**FILED**  
**Mar 08, 2012**  
**Secretary of State**

**Entity Name:** SHAKEY'S LOW COUNTRY CATERING AND CONSULTING LLC

**Current Principal Place of Business:**

1925 PERREGRINE CIR S  
JACKSONVILLE, FL 32259 US

**New Principal Place of Business:**

**Current Mailing Address:**

1925 PERREGRINE CIR S  
JACKSONVILLE, FL 32259 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

THOMPSON, BRYAN C  
1925 PERREGRINE CIR S  
JACKSONVILLE, FL 32259 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:** THOMPSON, BRYAN C  
**Address:** 1925 PERREGRINE CIR S  
**City-St-Zip:** JACKSONVILLE, FL 32259 US

**Title:** MGR  
**Name:** DALTON, EMORY C  
**Address:** 96 RIO DR  
**City-St-Zip:** PONTEVEDRA BEACH, FL 32082

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:** BRYAN C THOMPSON

MGRM

03/08/2012

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