## FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

**APPROVED** 

M	199		11.11		cretary of t OF CORP	State PORATIONS	1	997 APR -	9 AN 9	: 29	
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee							SECRETARY OF STATE TALLAHASSEE. FLORIDA				
\$ 203.7	75 Ma	ke Check Payable T					<u> </u>	ILLAHAS:	et. ru	MUIN	
	d Liability Cor		MENI	#L960	100001	135					
STAR FOOD SERVICE, L.C.							1a. Principal Place of Business Address				
1700 W INTERNATIONAL SPEEDWAY BLV DAYTONA BEACH FL					BLVD		DAYTONA I			SPEEDWAY	
								JERQII E	<b>ц</b>	1	
If above mailing address is incorrect in any way, fine through incorrect information and enter corre						ection in Block 2s.					
2 Principal Place of Business			2a. Mailing Address				3. Date Organized or Qualified Sa. State of Formation				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			10/28/1996 FL 4 FEI Number					
			City & State				]	(100)		Applied For	
City & State			Chy & State				59-34 5. Date of Last F	•	O Contido	Not Applicable	
Ziρ		Country	<b>Z</b> ip		Countr	у	9. Date of Last n	тероп		te of Status Desired	
	7. Name	and Address of Current	Registered	Agent			8. Name and Add	ress of New Re	gistered Ag	ent	
ב כרים ממו זמ			<del>-</del>			Name					
TUTERA, CARL C 359 OCEAN SHORE BLVD						Street Address (P.O. Box Number is Not Acceptable)					
RMOND	BEACE	I FL 32176									
						Suite, Apt. #, etc	<b>)</b> .				
						City			Zip Code		
0 Purcuan	at to the provis	sions of Sections 608.416 a	nd 608 506	R Florida Sta	tutes the el	vue named limiter	d liability company s	FL	ment for the	numose of changing	
its registere	d office or reg	istered agent, or both, in the accept the obligations.	State of Flo	orida. Such ch	ange was a	uthorized by affirm	alive vote of a majorit	y of the member	s. I hereby ac	cept the appointment	
SIGNATUR	RE			NOTE A				DATE			
(Hegistered Agent Accepting Apr 10. Title Managing Members/Managers				(NUTE Registered		ss Street Address					
				1			<u></u>				
ием Г	UTERA,	CARI, C		\$57 OC	CEAN S	HORE BLV	7D (	RMOND 1	BEACH	FL	
ием R	OEPER,	BRENDA		875 DE	RBYSH	IRE RD	239 1	AYTONA	BEACH	I FL	
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11. I do here	eby certify that	the information supplied wit	h this filing	does not qual	ify for the ex	emption stated in S	ection 119.07(3) (i), F	lorida Statutes.	I further certi	fy that the information	

indicated on this annual report is true and accurate and that my signature shall have the same legal effect as it 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; and that my name appears in Block 10, or on an attachment with an address.

SI	GN	IAI	ונוח	RE	:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #