

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 24, 2007 08:00 A
Secretary of State

DOCUMENT # L98000000382

1. Entity Name
FOODSERVICE VENTURES, L.C.



Principal Place of Business
**757 SOUTH NOVA ROAD
ORMOND BEACH, FL 32174**

Mailing Address
**757 SOUTH NOVA ROAD
ORMOND BEACH, FL 32174**



05232007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3500837

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRANK, LARRY
757 SOUTH NOVA ROAD
ORMOND BEACH, FL 32174**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SALES PARTNER SYSTEMS, INC.
757 SOUTH NOVA ROAD
ORMOND BEACH, FL 32174**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FOODSERVICE SOFTWARE DEVELOPMENT, INC
757 S NOVA RD
ORMOND BEACH, FL 32174**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CITY PROVISIONERS, INC
757 S NOVA RD
ORMOND BEACH, FL 32174**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000765255
05/31/07-80031-015 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/23/07

Date

386-672-8434

Daytime Phone #