2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000197

1. Entity Name

FLORIDA FOOD SERVICE SPECIALISTS, LC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 29 PM 12:29

Principal Place of Business	Mailing Address
4487 C AND D ASHTON ROAD SARASOTA FL 34233	4487 C AND D ASHTON ROAD SARASOTA FL 34233

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CHANDLER, JAMES R III
1819 MAIN STREET, SUITE 302
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name TODD, Norman W

Street Address (P.O. Box Number is Not Acceptable)

4487-D Ashton Rd

City Sarasota FL Zip Code 34233

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.

SIGNATURE Norman W. Todd 1-31-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

nf 3/9/00

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TODD, NORMAN 332 BAYSHORE DRIVE OSPREY FL 34299 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres MGRM Todd, Norman 332 Bayshore Dr Osprey Fl 34229 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PLOUTZ, STEVEN 2474 WILMHURST ROAD DELAND FL 32720 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MGRM Plautz, Steven 2474 Wilmhurst Rd Deland, Fl 32720 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST MGRM Todd, Victoria 332 Bayshore Dr Osprey, Fl 34229 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300003169863--9 -03/14/00--01118--018 *****50.00 *****50.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$50.00 M $50.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED 1-31-2000 941-924-1410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

000792 SP

CR2E083 (9/99)