

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000001034

1. Entity Name

THE FATHER'S TABLE F.S. COMPANY, L.L.C.



Principal Place of Business

2100 COUNTRY CLUB ROAD
SANFORD, FL 32711

Mailing Address

2100 COUNTRY CLUB ROAD
SANFORD, FL 32711



04252006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3566728

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAY, N. DWAYNE JR.
GREENSPOON, MARDER, ET AL
201 E PINE ST, STE 500
ORLANDO, FL 32801

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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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GILARDI MANAGEMENT SERVICES LLC
STREET ADDRESS 2100 COUNTRY CLUB RD
CITY-ST-ZIP SANFORD, FL 32771

TITLE MGR
NAME GRAY, N. DWAYNE JR
STREET ADDRESS 201 E PIEN ST STE 500
CITY-ST-ZIP ORLANDO, FL 32801

TITLE MGR
NAME SCHLATER, JOHN
STREET ADDRESS 615 COPELAND MILL RD
CITY-ST-ZIP WESTERVILLE, OH 43081

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

N. DWAYNE GRAY JR.
MANAGER

Date

Daytime Phone #

4/28/06 407-425-6559