

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2008 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



02072008 No Chg-LLC

CR2E083 (12/07)

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

**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000835677
02/29/08-80044-005 138.75

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	

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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: *N. Dwayne Jr. Gray*

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

2/21/08

Date

707-425-6559

Daytime Phone #