

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000002089

**FILED**  
**Mar 22, 2010**  
**Secretary of State**

**Entity Name:** CULINARY RESOURCES, L.L.C.

**Current Principal Place of Business:**

1116 SOUTH MYRTLE AVENUE  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

1116 SOUTH MYRTLE AVENUE  
CLEARWATER, FL 33756

**New Mailing Address:**

**FEI Number:** 59-3574015

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RYAN, M. ROBERT  
1923 DOLPHIN DRIVE  
BELLAIR BLUFFS, FL 33770 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** RYAN, M. ROBERT  
**Address:** 1923 DOLPHIN DRIVE  
**City-St-Zip:** BELLEAIR BLUFFS, FL 33770

**Title:** MGRM  
**Name:** ANDERSON, ROBERT A  
**Address:** 351 CUMBERLAND AVENUE  
**City-St-Zip:** ORMOND BEACH, FL 32174

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** M. ROBERT RYAN

MGRM

03/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date