

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90035 021 ****50.00

DOCUMENT # M00000001229

1. Entity Name

SPECIALTY RESTAURANT GROUP, LLC



Principal Place of Business

150 WEST CHURCH AVENUE
MARYVILLE TN 37801

Mailing Address

150 WEST CHURCH AVENUE
MARYVILLE TN 37801



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

36-4372321

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME CARMICHAEL, JAMES
STREET ADDRESS 3634 MORNING DEW LANE
CITY-ST-ZIP FRIENDSVILLE TN 37787

TITLE MGR ☐ Delete
NAME EVANS, GEORGE N
STREET ADDRESS 2919 ELMRIDGE CT
CITY-ST-ZIP OAKTON VA 22124

TITLE MGRM ☐ Delete
NAME FOYE, JILL C
STREET ADDRESS 13205 CLEAR RIDGE ROAD
CITY-ST-ZIP KNOXVILLE TN 37922

TITLE MGRM ☐ Delete
NAME JAMES, SR, JAMES E
STREET ADDRESS 720 N LINCOLN AVENUE
CITY-ST-ZIP SCRANTON PA 18504

TITLE MGRM ☐ Delete
NAME JONES, MICHAEL S
STREET ADDRESS 1525 WOODFIELD COURT
CITY-ST-ZIP BRENTWOOD TN 37-0273

TITLE MGRM ☐ Delete
NAME BELCHER, DAVID
STREET ADDRESS 8417 LAWN PARK DR.
CITY-ST-ZIP KNOXVILLE TN 37923

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition
NAME TOM MAZZA
STREET ADDRESS 14 DEER RUN
CITY-ST-ZIP LAKE GEORGE, NY 12845

TITLE MGRM ☐ Change ☒ Addition
NAME JULIE REID
STREET ADDRESS 818 SOMERSET DRIVE
CITY-ST-ZIP MARYVILLE, TN 37803

TITLE MGRM ☒ Change ☐ Addition
NAME Foye, Jill C
STREET ADDRESS 4116 Trowbridge Drive
CITY-ST-ZIP Fort Collins, Co 80524

TITLE MGRM ☐ Change ☒ Addition
NAME MARTY ARMBRESTER
STREET ADDRESS 1537 CRESTRIDGE DRIVE
CITY-ST-ZIP MARYVILLE, TN 37804

TITLE MGRM ☒ Change ☐ Addition
NAME JONES, MICHAEL S
STREET ADDRESS 9629 HEMINGWAY GROVE CIRCLE
CITY-ST-ZIP KNOXVILLE, TN 37922

TITLE MGRM ☐ Change ☒ Addition
NAME NICK GALANDS
STREET ADDRESS 2630 WELBORN STREET
CITY-ST-ZIP DALLAS, TX 75219

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 60B, Florida Statutes.

SIGNATURE: *David V. Belcher* **DAVID V. BELCHER** 4/20/06 (865) 379-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #