2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M00000002723

1. Entity Name

SDH SERVICES WEST, LLC



FILED Apr 25, 2007 08:00 A Secretary of State

Principal Place of Business

9801 WASHINGTONIAN BLVD. GAITHERSBURG, MD 20878 Mailing Address

PO BOX 352

BUFFALO, NY 14240



03142007 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number			Applied For
	52-2282035			Not Applicable
5.	Certificate of Status Desired		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

	,	IN	I HIS 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 alignature required when reinstating)	DATE			
	iling Fee is \$50.00 ue by May 1, 2007		U00000729373 05/08/07-80035-014 50.00			
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SODEXHO AMERICA, LLC 9801 WASHINGTONIAN BLVD. GAITHERSBURG, MD 20878					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY+ST-ZIP		IN -	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•			
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.						

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

W/17/07

86.372.8291

Daytime Phone *