

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000000804

1. Entity Name
RESTAURANT DEPOT ENTERPRISES LLC



Principal Place of Business
15-24 132ND STREET
COLLEGE POINT, NY 11356-2440

Mailing Address
15-24 132ND STREET
COLLEGE POINT, NY 11356-2440

FILED

04 JUL 20 PM 1:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



07022004 No Chg-LLC

CR2E083 (10/03)

7/20

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4. FEI Number
11-3418991

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAX, MICHAEL
2041 N.W. 12TH AVENUE
MIAMI, FL 33127

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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 September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	FLEISHMAN, STANLEY
STREET ADDRESS	15-24 132ND STREET
CITY-ST-ZIP	FLUSHING, NY
TITLE	VAT
NAME	KIRSCHNER, RICHARD
STREET ADDRESS	15-24 132ND STREET
CITY-ST-ZIP	FLUSHING, NY
TITLE	ST
NAME	EMMERT, BRIAN E
STREET ADDRESS	15-24 132ND STREET
CITY-ST-ZIP	COLLEGE POINT, NY 11356
TITLE	VT
NAME	EMMERT, BRIAN E
STREET ADDRESS	15-24 132ND STREET
CITY-ST-ZIP	FLUSHING, NY
TITLE	V
NAME	PAGER, CLARK
STREET ADDRESS	15-24 132ND STREET
CITY-ST-ZIP	FLUSHING, NY
TITLE	VP
NAME	COHEN, LAWRENCE
STREET ADDRESS	15-24 132ND STREET
CITY-ST-ZIP	COLLEGE POINT, NY 11356

600039339466
07/20/04--01011--012 **\$50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

7-2-04

(718) 762-8700 x 209

Date

Daytime Phone #