

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90440 002 ****50.00

DOCUMENT # M01000002581

1. Entity Name

THE FATHER'S TABLE, L.L.C.



Principal Place of Business

2100 COUNTRY CLUB ROAD
SANFORD, FL 32711

Mailing Address

2100 COUNTRY CLUB ROAD
SANFORD, FL 32711

DO NOT WRITE IN THIS SPACE



03092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

59-3497806

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 STREET, 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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GILARDI MANAGEMENT SERVICES LLC
STREET ADDRESS	615 COPELAND MILL ROAD STE. 1-D
CITY - ST - ZIP	WESTERVILLE, OH 43081

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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: _____

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

N. DWAYNE GRAY, JR., ESQ.

3/27/07

Date

407-425-6559

Daytime Phone #