

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000000468

1. Entity Name
CHEF COMPANY LLC



Principal Place of Business

2 PLUM STREET
WILDER, KY 41076

Mailing Address

2 PLUM STREET
WILDER, KY 41076

DO NOT WRITE IN THIS SPACE



02152005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
76-0720077

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

**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 who file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SCHULER, WILLIAM M
STREET ADDRESS	2 PLUM STREET
CITY- ST- ZIP	WILDER, KY 41076
TITLE	MGR
NAME	FISTER, CHRISTOPHER L
STREET ADDRESS	2 PLUM STREET
CITY- ST- ZIP	WILDER, KY 41076
TITLE	MGR
NAME	CASTELLINI, ROBERT H
STREET ADDRESS	2 PLUM STREET
CITY- ST- ZIP	WILDER, KY 41076

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**DO NOT WRITE
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TITLE
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STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

WILLIAM M SCHULER

2/15/2005

Date

859-442-4650

Daytime Phone #