


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M04000004782</b> 1. Entity Name RETAIL BRAND GROUP, LLC	
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Principal Place of Business C/O SODEXHO///ATTN: LEGAL DEPARTMENT 9801 WASHINGTONIAN BLVD. GAITHERSBURG, MD 20878	Mailing Address P.O. BOX 352 BUFFALO, NY 14240
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**DO NOT WRITE IN THIS SPACE**



03132007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1779386	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	<b>DO NOT WRITE IN THIS SPACE</b>
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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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SODEXHO OPERATIONS, LLC 9801 WASHINGTONIAN BLVD. GAITHERSBURG, MD 20878
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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.

<b>SIGNATURE</b>  <b>Richard H. Allen</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>4/17/07</b> <small>Date</small>	<b>866-372-8291</b> <small>Daytime Phone #</small>
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