

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90043 043 ****50.00

DOCUMENT # M04000004840

1. Entity Name

ARBY'S, LLC



Principal Place of Business

1000 CORPORATE DRIVE
FT. LAUDERDALE FL 33334

Mailing Address

1000 CORPORATE DRIVE
FT. LAUDERDALE FL 33334

2. Principal Place of Business

1155 Perimeter Center West

Suite, Apt. #, etc.

Suite 1200

City & State

Atlanta, GA

Zip

30338

Country

U.S.

3. Mailing Address

1155 Perimeter Center West

Suite, Apt. #, etc.

Suite 1200

City & State

Atlanta, GA

Zip

30338

Country

U.S.

40000000



1st MOORE

CR2E083 (10/05)

4. FEI Number

13-3760393

Applied For

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BENHAM, DOULAS N	
STREET ADDRESS	1000 CORPORATE DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	PELTZ, NELSON	
STREET ADDRESS	280 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MAY, PETER W	
STREET ADDRESS	280 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	GIMSON, CURTIS S	
STREET ADDRESS	1000 CORPORATE DR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	ROSEN, STUART I	
STREET ADDRESS	280 PARK AVE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CROWE, ROBERT J	
STREET ADDRESS	280 PARK AVE	
CITY-ST-ZIP	NEW YORK NY 10017	

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Roland	
STREET ADDRESS	1155 Perimeter Center West, Suite 1200	
CITY-ST-ZIP	Atlanta, GA 30338	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCarron, Francis T.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schorr, Brian L.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1155 Perimeter Center West, Suite 1200	
CITY-ST-ZIP	Atlanta, GA 30338	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: Robert J. Crowe

VP - Taxes

4/28/06

212-451-3115

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

Date

Daytime Phone #