

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90308 007 \*\*\*\*50.00

**DOCUMENT # M05000005472**

1. Entity Name

GARDEN FRESH RESTAURANT HOLDING, LLC



Principal Place of Business

5200 TOWN CENTER CIRCLE, SUITE 470  
BOCA RATON, FL 33486

Mailing Address

*c/o Garden Fresh K*  
5200 TOWN CENTER CIRCLE, SUITE 470  
BOCA RATON, FL 33486  
*15822 Bernardo Center Dr A*  
*San Diego, CA 92127*



02152007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-3548968

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 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	V
NAME	LIFF, M. STEVEN
STREET ADDRESS	5200 TOWN CENTER CIRCLE, SUITE 470
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	V
NAME	KING, THOMAS S
STREET ADDRESS	5200 TOWN CENTER CIRCLE, SUITE 470
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	VAS
NAME	KUEHN, CASE
STREET ADDRESS	5200 TOWN CENTER CIRCLE, SUITE 470
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	V
NAME	CALHOUN, KEVIN
STREET ADDRESS	5200 TOWN CENTER CIRCLE, SUITE 470
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	CEO
NAME	MACK, MICHAEL
STREET ADDRESS	15822 BERNARDO CENTER DRIVE STE A
CITY-ST-ZIP	SAN DIEGO, CA 92127
TITLE	CPST
NAME	QUALLS, DAVID
STREET ADDRESS	15822 BERNARDO CENTER DRIVE STE A
CITY-ST-ZIP	SAN DIEGO, CA 92127

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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:** *M. P. York*

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

*2-16-07*

Date

*858-675-1600*

Daytime Phone #