


2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90002 050 ***150.00

DOCUMENT # M05000006812 1. Entity Name DELICATESSEN SERVICES COMPANY LLC					
Principal Place of Business 400 SARASOTA QUAY SARASOTA, FL 34236			Mailing Address 400 SARASOTA QUAY SARASOTA, FL 34236		
2. Principal Place of Business 1819 MAIN ST Suite, Apt. #, etc. 800			3. Mailing Address SAME		
City & State SARASOTA FL			City & State SARASOTA FL		
Zip 34236		Country US		4. FEI Number 20-3832248	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FINLEY, ED 400 SARASOTA QUAY SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FINLEY, ED 1819 MAIN ST SUITE 800 SARASOTA FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARTELLA, MICHAEL 400 SARASOTA QUAY SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARTELLA, MICHAEL 1819 MAIN ST SUITE 800 SARASOTA FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WALDICK, BLAIR 400 SARASOTA QUAY SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WALDICK, BLAIR 1819 MAIN ST SUITE 800 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date _____ Daytime Phone # 911-455-0994	