

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003519

FILED  
Feb 10, 2009  
Secretary of State

Entity Name: RESTAURANT SERVICE SOLUTIONS, LLC

**Current Principal Place of Business:**

2001 STANLEY GAULT PARKWAY  
LOUISVILLE, KY 40223

**New Principal Place of Business:**

**Current Mailing Address:**

2001 STANLEY GAULT PARKWAY  
LOUISVILLE, KY 40223

**New Mailing Address:**

FEI Number: 30-0315843      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BRIDGEMAN, ULYSSES  
Address: 1903 STANLEY GAULT PARKWAY  
City-St-Zip: LOUISVILLE, KY 40223

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: HANKE, TROY  
Address: 1903 STANLEY GAULT PARKWAY  
City-St-Zip: LOUISVILLE, KY 40223

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: WEBB, MICHAEL  
Address: 2001 STANLEY GAULT PARKWAY  
City-St-Zip: LOUISVILLE, KY 40223

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: THOMPSON, PAUL  
Address: 2025 WEST SOUTHBRANCH BLVD.  
City-St-Zip: OAK CREEK, WI 53154

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: LOVE, MARK  
Address: 2001 STANLEY GAULT PARKWAY  
City-St-Zip: LOUISVILLE, KY 40223

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK LOVE

VP

02/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date