

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # M07000003563

1. Entity Name
DELI KING LLC



FILED

08 AUG 26 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
375 DOUGLAS
OLDSMAR, FL 34677

Mailing Address
375 DOUGLAS
OLDSMAR, FL 34677

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

06092008 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
26-0158882

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ \$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASSATA, JOSEPH A
13112 BRECHNER STREET
SPRING HILL, FL 34609

Name RENEE R. NAKHOUL

Street Address (P.O. Box Number is Not Acceptable)
2938 LOCHCARRON DR.

City LAND O' LAKES

FL Zip Code 34638

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

Renee R. Nakhoul

8-8-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☒ Delete
NAME CASSATA, JOSEPH A
STREET ADDRESS 13112 BRECHNER STREET
CITY-ST-ZIP SPRING HILL, FL 34609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE MGR ☒ Change ☒ Addition
NAME Renee R. Nakhoul
STREET ADDRESS 2938 Lochcarron Dr.
CITY-ST-ZIP Land O Lakes, FL 34638

TITLE ☐ Change ☐ Addition
NAME 800135022758
STREET ADDRESS 08/27/08--01041--009 **55.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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

Renee R. Nakhoul