2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# M08000000170

Entity Name: RTM GULF COAST, LLC

Current Principal Place of Business:

1155 PERIMETER CENTER WEST STE 1200
ATLANTA, GA 30338

New Principal Place of Business:

Current Mailing Address:

1155 PERIMETER CENTER WEST STE 1200
ATLANTA, GA 30338

New Mailing Address:

FEI Number: 13-3760393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICES COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:	MGR	(X) Delete
Name:	BARTON, SHARRON	
Address:	1155 PERIMETER CENTER WEST STE 1200	
City-St-Zip:	ATLANTA, GA 30338	
Title:	MGR	( ) Delete
Name:	HARE, STEPHEN	
Address:	1155 PERIMETER CENTER WEST STE 1200	
City-St-Zip:	ATLANTA, GA 30338	
Title:	MGR	( ) Delete
Name:	OKESON, NILS H	
Address:	1155 PERIMETER CENTER WEST STE 1200	
City-St-Zip:	ATLANTA, GA 30338	
Title:	MGR	( ) Delete
Name:	SMITH, ROLAND C	
Address:	1155 PERIMETER CENTER WEST STE 1200	
City-St-Zip:	ATLANTA, GA 30338	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: NILS H. OKESON MGR 04/29/2009

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