

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000001498

Entity Name: FLORIDA COOKIN' WILD STYLE, LLC

Current Principal Place of Business:

1695 S. SR 53
MADISON, FL 32340

Current Mailing Address:

PO BOX 427
MADISON, FL 32341

FEI Number: 06-1810160

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GREENE, EMERALD
548 SW EMERALD DR.
MADISON, FL 32340 US

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

Authorized Person(s) Detail :

Title MGRM
Name GREENE, EMERALD
Address 548 SW EMERALD DR.
City-State-Zip: MADISON FL 32340

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EMERALD GREENE

MGRM

03/05/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date