

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1400002684

**Entity Name:** FIFTH DINING SARASOTA LLC

**Current Principal Place of Business:**

ONE LANDMARK SQ  
FL 18  
STAMFORD, CT 06901

**FILED**  
**Apr 30, 2021**  
**Secretary of State**  
**1893401085CC**

**Current Mailing Address:**

1 INDEPENDENCE PT  
STE 305  
GREENVILLE, SC 29615 US

**FEI Number: 46-5404597**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 EVP, CFO, CAO  
Name MONAVAR, HADI  
Address ONE LANDMARK SQUARE  
FL 18  
City-State-Zip: STAMFORD CT 06901

Title PRESIDENT AND CEO  
Name PANGBURN, STEVE  
Address ONE LANDMARK SQ  
FL 18  
City-State-Zip: STAMFORD CT 06901

Title VP  
Name RAMESH, MAHALINGAM  
Address 9801 WASHINGTONIAN BLVD  
City-State-Zip: GAITHERSBURG MD 20878

Title ASSISTANT SECRETARY  
Name WRIGHT, PAMELA J.  
Address 9801 WASHINGTONIAN BLVD  
City-State-Zip: GAITHERSBURG MD 20878

Title CORPORATE SECRETARY  
Name MCGLOCKTON, JOAN RECTOR  
Address 9801 WASHINGTONIAN BLVD  
City-State-Zip: GAITHERSBURG MD 20878

Title VP  
Name MORSE, THOMAS  
Address 9801 WASHINGTONIAN BLVD  
City-State-Zip: GAITHERSBURG MD 20878

Title VP  
Name JACKSON, JENNIFER WOOLBRIGHT  
Address 9801 WASHINGTONIAN BLVD  
City-State-Zip: GAITHERSBURG CT 20878

Title ASSISTANT SECRETARY  
Name BROOKS, SCOTT  
Address 9801 WASHINGTONIAN BLVD  
City-State-Zip: GAITHERSBURG MD 20878

**Continues on page 2**

*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: HADI MONAVAR**

**EXEC VP, CFO, CAO**

**04/30/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title VP / TREASURER  
Name BLASS, MARC  
Address 9801 WASHINGTONIAN BLVD  
City-State-Zip: GAITHERSBURG MD 20878

Title MEMBER  
Name VOLUME SERVICES AMERICA, INC.  
Address 1 INDEPENDENCE PT  
STE 305  
City-State-Zip: GREENVILLE SC 29615

Title VP  
Name MISTRY, SAROSH  
Address 9801 WASHINGTONIAN BLVD  
City-State-Zip: GAITHERSBURG MD 20878

Title ASSISTANT TREASURER  
Name BROCK, PAUL  
Address 9801 WASHINGTONIAN BLVD  
City-State-Zip: GAITHERSBURG MD 20878

Title ASSISTANT SECRETARY  
Name STEELE, GREGORY  
Address 9801 WASHINGTONIAN BLVD  
City-State-Zip: GAITHERSBURG MD 20878