

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90583 036 *****50.00

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DOCUMENT # L02000023671

1. Entity Name

NAZARIAN ENTERPRISES, L.L.C.



Principal Place of Business

**12555 B EMERALD COAST PARKWAY
DESTIN FL 32541**

Mailing Address

**12555 B EMERALD COAST PARKWAY
DESTIN FL 32541**

2. Principal Place of Business

12555 Emerald Coast Pkwy
Suite, Apt. #, etc.
B

3. Mailing Address

12555 Emerald Coast Pkwy.
Suite, Apt. #, etc.
B

City & State

Destin, FL

City & State

Destin, FL

Zip

32550

Country

OKALOOSA

Zip

32550

Country

OKALOOSA

4. FEI Number

52-2379412

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WILLIAM SCOTT FOSTER
909 MAR WALT DRIVE, SUITE 1014
FORT WALTON BEACH FL 32547**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGR
NAZARIAN, EDDIE
12555 B EMERALD COAST PARKWAY
DESTIN FL 32541**

☐ Delete

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STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)