## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L06000022436

## FILED Jul 17, 2007 8:00 am Secretary of State 05-02-2007 90339 042 \*\*\*\*50.00

1. Entity Name NICK'S GRILL LLC						
Principal Place of Business 261 SW NATIVITY TERR PORT ST LUCIE FL 34984 US		Mailing Address  261 SW NATIVITY TERR PORT ST LUCIE FL 34984 US			HIDA HAN BURK SAN ONDA HAKEN	
2. Principal Place of Business - No P.O. Box # 3. Mailing A		3. Mailing Address		T INDEPENDANT BRITTO BRITTO BRITTO BRITTO BRITTO	IINIO NIGU OSERDA DIRRE BIRNOON III (EE)	
Suito, Apt. #, etc.		Suite, Apt. #, otc.		1st MOORE CR2E0	83 (10/06)	
City & State		City & State		4. FEI Number	Applied For Not Applicable	
Ζip	Country	Zip	Country	5. Cortificate of Status Desired	\$5.00 Additional Fee Required	
-	8. Name and Address of Current	Registered Agent		7. Name and Address of New Registere	d Арелі	
COMMENSOR AND ADDRESS OF THE PROPERTY OF THE P			Name			
COZINE, NICHOLAS 261 SW NATIVITY TERR PORT ST LUCIE FL 34984			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
			City	F	Zip Code	
	named ontity submits this statement for ions of registered agent.	or the purpose of changing its	s registered office or regist	ered agent, or both, in the State of Florida. I a	m familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resistating) DATE						
FILE NOW!!! FEE'IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2007						
9.	MANAGING MEMBI	ERS/MANAGERS	10.	ADDITIONS/CHANG	ES	
ILTLE. Mame	MGRM COZINE, NICHOLAS	☐ Detele	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-S1-71P	261 SW NATIVITY TERR PORT ST LUCIE FL 34984		SIREET ADDRESS CITY-SI-ZIP			
TITLE NAME STREET ADDRESS CITY-SI-7IP	MGRM COZINE, SHEILA 261 SW NATIVITY TERR PORT ST LUCIE FL 34984	☐ Delete	HELE NAME SIRELE ADDRESS CITY-SI-ZIP		Change Addition	
TIBLE. NAME SIFEET ADDRESS CITY-SI-ZIP	-	☐ Defete	HITLE  NAME SHICLI ADDRÉSS  CITY-SI-ZIP		Change Addition	
TITLE MAME SIREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME. SIPLUT ADDRESS CITY-S1-ZIP		Change Addition	
HILE NAME SIREET ADDRESS CITY+SI+ZIP		☐ Delete	HTLE NAME SIRELI ADDRESS CHY-S1-ZIP		☐ Change ☐ Addition	
TIFLE NAME SIRYCI ADDRLSS CITY-S1-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP		Change Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos, 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 eath; that I am a managing member or manager of the limited liability company or the receiver or trostee, empowered to execute this report as required by Chapter 608, Florida Statutos.						
SIGNAT	TURE: Mehh		_	4-21-07 7	3-740-0911	
5.51171	PIGHA LARE AND TYPED OF PRINTED MANE	S COMMIC MANY DAG MEMBER MA	NACED OF AUTHORIZED REPORT	RENTATIVE Duta	Davista Phone #	