2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000020729

1. Entity Name
19 PUB & GRILLE, LLC

Principal Place of Business
4400 FAIRWINDS DR.
FORT PIERCE, FL 34946

Mailing Address
4400 FAIRWINDS DR.
FORT PIERCE, FL 34946

01282004 No Chg-LLC CR2E083 (10/03)

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4. FEI Number
51-0421436

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROHN, CINDY
4400 FAIRWINDS DR
FORT PIERCE, FL 34946

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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

Filing Fee is $50.00
Due by May 1, 2004

U00000158277
05/07/04-80015-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	Z GOLF COURSE FOOD & BEVERAGE ADVISORS,LLC
STREET ADDRESS	79 DAILY DRIVE, #300
CITY-ST-ZIP	CAMARILLO, CA 93010
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: John W. Zaruka 3/4/04 8053880784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #