

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**May 02, 2006 08:00 A
Secretary of State**

DOCUMENT # L04000083094

1. Entity Name
FIREHOUSE OF AMERICA, LLC



Principal Place of Business
**3410 KORI ROAD
JACKSONVILLE, FL 32257**

Mailing Address
**3410 KORI ROAD
JACKSONVILLE, FL 32257**



03152006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0824932

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SORENSEN, ROBIN O
3410 KORI ROAD
JACKSONVILLE, FL 32257**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|----------------------------------|
| TITLE | MGRM |
| NAME | FIREHOUSE RESTAURANT GROUP, INC. |
| STREET ADDRESS | 3410 KORI ROAD |
| CITY-ST-ZIP | JACKSONVILLE, FL 32257 |
| TITLE | MGR |
| NAME | FIRE-4, INC. |
| STREET ADDRESS | 3410 KORI ROAD |
| CITY-ST-ZIP | JACKSONVILLE, FL 32257 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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05/17/06-80127-001 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

Robin Sorensen

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

Date

Daytime Phone #

904-886-8300