

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000074416

1. Entity Name
CEVICHE TAPAS BEACH DRIVE, LLC



Principal Place of Business

3413 GRAY COURT
TAMPA, FL 33609 US

Mailing Address

3413 GRAY COURT
TAMPA, FL 33609 US

PK

FILED
07 DEC -7 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business - No P.O. Box #

1314 S. Desoto Avenue
Suite, Apt. #, etc.

3. Mailing Address

1314 S. Desoto Avenue
Suite, Apt. #, etc.



12042007 Chg-LLC CR2E083 (12/06)

City & State

Tampa, FL
Zip

Country

33606

City & State

Tampa, FL
Zip

Country

33606

4. FEI Number
20-3243090

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, GORDON
3413 GRAY COURT
TAMPA, FL 33609

7. Name and Address of New Registered Agent

Name
CT Corporation System

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

1200 S. Pine Island Rd., Ste. 250

City
Plantation FL Zip Code 33324

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 By:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
DAVIS, GORDON
3413 GRAY COURT
TAMPA, FL 33609 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
Joseph Orsino
1314 S. Desoto Avenue
Tampa, FL 33606 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
James Snyder
1314 S. Desoto Avenue
Tampa, FL 33606 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
200112951592
12/10/07--01001--002 **200.00 ☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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: x

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

Joseph Orsino, MGR 12/6/07

Date

Daytime Phone #