

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000109985

1. Entity Name
CEVICHE TAPAS FLORIDA, LLC



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

Principal Place of Business
1314 S. DESOTO AVENUE
TAMPA, FL 33606

Mailing Address
1314 S. DESOTO AVENUE
TAMPA, FL 33606

BK



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12042007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-5890591

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

F&L CORP
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 32202

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 _____ (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

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME DAVIS, GORDON
STREET ADDRESS 1314 S. DESOTO AVENUE
CITY - ST - ZIP TAMPA, FL 33606

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME 700112951627
STREET ADDRESS 12/10/07--01001--002 **200.00
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY - ST - ZIP

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

1. 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: *Joseph Orsino* x Joseph Orsino, MGR 12/6/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #