

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000043678

Entity Name: SIERRA GRILLE, INC.**Current Principal Place of Business:**486 OSCEOLA AVENUE
JACKSONVILLE BEACH, FL 32250**Current Mailing Address:**486 OSCEOLA AVENUE
JACKSONVILLE BEACH, FL 32250 US**FEI Number:** 59-3321062**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRUCE, ROBERT G
486 OSCEOLA AVENUE
JACKSONVILLE BEACH, FL 32250 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|-----------------------------|
| Title | T |
| Name | BRUCE, ROBERT G |
| Address | 3330 OCEAN DRIVE SOUTH |
| City-State-Zip: | JACKSONVILLE BEACH FL 32250 |

| | |
|-----------------|-----------------------------|
| Title | P |
| Name | CONNOLLY, STEPHEN P |
| Address | 486 OSCEOLA AVENUE |
| City-State-Zip: | JACKSONVILLE BEACH FL 32250 |

| | |
|-----------------|-----------------------------|
| Title | VS |
| Name | CONNOLLY, STEPHEN P |
| Address | 486 OSCEOLA AVENUE |
| City-State-Zip: | JACKSONVILLE BEACH FL 32250 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT BRUCE**REGISTERED AGENT****03/20/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date