

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000098100

**Entity Name:** CASUAL DINING CABANA, LLC

**Current Principal Place of Business:**

7389 UNIVERSAL BLVD.  
SUITE 200  
ORLANDO, FL 32809

**FILED**  
**Jan 29, 2019**  
**Secretary of State**  
**2328008867CC**

**Current Mailing Address:**

777 BRICKELL AVE.  
SUITE 630  
MIAMI, FL 33131 US

**FEI Number:** 27-3491074

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DIFALCO & FERNANDEZ, LLLP  
777 BRICKELL AVENUE, SUITE 630  
MIAMI, FL 33131 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

**Authorized Person(s) Detail :**

Title MGR  
Name CLD, LLC  
Address 777 BRICKELL AVE  
SUITE 630  
City-State-Zip: MIAMI FL 33131

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTOPHE L. DIFALCO

**MANAGER**

**01/29/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date