

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000015486

**Entity Name:** SULLIVAN RESTAURANT I, LLC

**Current Principal Place of Business:**

1250 SOUTH MIAMI AVENUE  
UNIT CU#4  
MIAMI, FL 33130

**Current Mailing Address:**

1250 S MIAMI AVE  
CU #4  
MIAMI, FL 33130 US

**FEI Number:** 45-4543916

**Certificate of Status Desired:** No

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

SULLIVAN, JOHN S III  
1000 BRICKELL AVE  
STE 300  
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:** JOHN S SULLIVAN, III

01/14/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SULLIVAN, JOHN  
Address 160 LEUCADENDRA DR  
City-State-Zip: CORAL GABLES FL 33156

Title MGR  
Name SULLIVAN, MICHAEL  
Address 160 LEUCADENDRA DR  
City-State-Zip: CORAL GABLES FL 33156

*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:** JOHN S SULLIVAN

MEMBER

01/14/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date