## 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

SIGNATURE: SAMUEL BIANCHINI

that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L13000093743 Entity Name: THROWBACK RESTAURANT GROUP,LLC

## Current Principal Place of Business:

6550 N OCEAN BLVD UNIT 9 OCEAN RIDGE, FL 33435

#### **Current Mailing Address:**

6550 N OCEAN BLVD UNIT 9 OCEAN RIDGE, FL 33435 US

#### FEI Number: 46-3099153

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

CANTOR, SAMUEL J 1001 YAMATO RD 310 BOCA RATON, FL 33431 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

Authorized Person(s) Detail :			
Title	MGRM	Title	SECRETARY
Name	BIANCHINI, SAMUEL	Name	CASTOR, KIMBERLEY DAWN
Address	6550 N OCEAN BLVD 9	Address	6550 N OCEAN BLVD 9
City-State-Zip:	OCEAN RIDGE FL 33435	City-State-Zip:	OCEAN RIDGE FL 33435

# o of changing its registered office or registered agent, or both, in the State of Elorida

MGRM

Certificate of Status Desired: No

Date

04/01/2024

FILED Apr 01, 2024 Secretary of State 1249287462CC

Date

#### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT