

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

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**

**Certificate of Status Desired: No**

**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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BIANCHINI, SAMUEL  
Address 32 EAST ATLANTIC AVENUE  
City-State-Zip: DELRAY BEACH FL 33444

Title SECRETARY  
Name CASTOR, KIMBERLEY DAWN  
Address 32 EAST ATLANTIC AVENUE  
City-State-Zip: DELRAY BEACH FL 33444

*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: SAMUEL BIANCHINI**

**MGRM**

**03/26/2018**

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

\_\_\_\_\_  
Date