

2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L13000099024

Entity Name: CANTINA LOUIE, LLC.**Current Principal Place of Business:**1900 US 1 S
ST. AUGUSTINE, FL 32086**Current Mailing Address:**412 1ST ST. N
JACKSONVILLE BEACH, FL 32250**FEI Number:** 46-3173139**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CUEVAS, ALMA
412 1ST ST. N.
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:** ALMA CUEVAS

06/19/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name CUEVAS, ALMA
Address 303 PRINCE RD.
City-State-Zip: ST. AUGUSTINE FL 32086

Title MGRM
Name CUEVAS, LUIS
Address 3501 SNOWY EGRET WAY
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title MGRM
Name PORTER, BENJAMIN J
Address 2631 MERRILL BLVD.
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title MGRM
Name MARIN, MIGUEL
Address 6680 A1A S.
City-State-Zip: ST AUGUSTINE FL 32080

Title MGRM
Name CUEVAS, SALVADOR
Address 1900 US 1 S
City-State-Zip: ST. AUGUSTINE FL 32086

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: BENJAMIN PORTER

MGRM

06/19/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date