

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000003388

**Entity Name:** OPA GREEK RESTAURANT LLC

**Current Principal Place of Business:**

336 9TH STREET NORTH  
NAPLES,FL, AL 34102

**Current Mailing Address:**

336 9TH STREET NORTH  
NAPLES,FL, AL 34102 US

**FEI Number:** 47-2749634

**Certificate of Status Desired:** No

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

GOUDA, FEIBI  
336 9TH STREET NORTH  
NAPLES, FL 34102 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                  | Title           | MGR                  |
| Name            | GOUDA, FEIBI         | Name            | KHALIL, ASHRAF       |
| Address         | 336 9TH STREET NORTH | Address         | 336 9TH STREET NORTH |
| City-State-Zip: | NAPLES FL 34102      | City-State-Zip: | NAPLES FL 34102      |

*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:** FEIBI GOUDA

**MANGER**

**04/30/2016**

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

\_\_\_\_\_ Date