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: ALVIN WALKER

Electronic Signature of Signing Authorized Person(s) Detail

REGISTER AGENT

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 :

City-State-Zip: ST. PETERSBURG FL 33705

Title	MGR	Title	AMBR
Name	DRAYTON, KENO	Name	WALKER, ALVIN
Address	2034 SEMINOLE BLVD S	Address	5617 E. ADAMO DR.
City-State-Zip:	ST. PETERSBURG FL 33705	City-State-Zip:	TAMPA FL 33619
Title	AMBR		
The	AWDR		
Name	DRAYTON, BRIGET		
Address	2034 SEMINOLE BLVD S		

# 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000142491

Entity Name: THE 9TH STREET SOUL FOOD CAFE' LLC

**Current Principal Place of Business:** 

895 22ND AV S ST. PETERSBURG, FL 33705

### **Current Mailing Address:**

5617 EAST ADAMO DR UNIT 2 TAMPA, FL 33619

#### FEI Number: 47-4358367

Name and Address of Current Registered Agent:

WALKER, ALVIN 5617 EAST ADAMO DR. UNIT 2 TAMPA, FL 33619 US



Certificate of Status Desired: No

04/11/2017

Date

Date