# 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: OMAR ANDREASEN

Electronic Signature of Signing Authorized Person(s) Detail

# Name and Address of Current Registered Agent:

ANDREASEN, OMAR 33 ASPEN DR. HAINES CITY, FL 33844 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:

# Authorized Person(s) Detail :

Title	PRES	Title	V.P.
Name	ANDREASEN, OMAR	Name	LASALLE, REBECCA
Address	33 ASPEN DR.	Address	33 ASPEN DR.
City-State-Zip:	HAINES CITY 33844	City-State-Zip:	HAINES CITY 33844

Date Electronic Signature of Registered Agent

# DOCUMENT# L17000035550

#### Entity Name: ANDREASEN GROUP OF RESTAURANTS LLC

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **Current Principal Place of Business:**

33 ASPEN DR. HAINES CITY, 33844

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

33 ASPEN DR. 33844 UN HAINES CITY.

### FEI Number: 81-5285878

## FILED Mar 16, 2022 Secretary of State 9742394474CC

Certificate of Status Desired: No

03/16/2022 Date

PRESIDENT