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 NICHOLAS S. VOJNOVIC	MGR	03/16/2021

SIGNATURE: NICHOLAS S. VOJNOVIC

Electronic Signature of Signing Authorized Person(s) Detail

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: NICHOLAS S. VOJNOVIC

Electronic Signature of Registered Agent

Title MANAGER Name VOJNOVIC, NICHOLAS S. Address 6021 2ND AVE. N

- **Current Mailing Address:** 
  - 6021 2ND AVE. N ST. PETERSBURG. FL 33710 US

**Current Principal Place of Business:** 

### **FEI Number: APPLIED FOR**

DOCUMENT# L17000072197

10330 ASHLEY OAKS DRIVE RIVERVIEW, FL 33578

# Name and Address of Current Registered Agent:

VOJNOVIC, NICHOLAS S 6021 2ND AVE. N ST. PETERSBURG, FL 33710 US

## Authorized Person(s) Detail :

City-State-Zip: ST. PETERSBURG FL 33710

Entity Name: RESTAURANT CAPITAL & MARKETING ADVISORS LLC

### FILED Mar 16, 2021 Secretary of State 7775340535CC

Certificate of Status Desired: No

03/16/2021 Date

Date