## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000097551

Entity Name: PIERRE'S PLACE RESTAURANT, LLC

**Current Principal Place of Business:** 

355 NORTH RONALD REAGAN BLVD 367 1001

LONGWOOD, FL 32750

## **Current Mailing Address:**

355 NORTH RONALD REAGAN BLVD 367 1001 LONGWOOD , FL 32750 US

FEI Number: 83-0554927 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SAINT PIERRE, PETERSON MR 5451 MILLENIA LAKES BLVD 367 ORLANDO, FL 32839 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

FILED Feb 21, 2019

**Secretary of State** 

3868396424CC

Authorized Person(s) Detail:

Title AMBR Title AMBR

NamePETERSON, SANT PIERRE MR.NameSHALONDA, WARREN MRS.Address5451 MILLENIA LAKES BLVDAddress13008 SAWGRASS PINE CIRCLE

City-State-Zip: ORLANDO FL 32839 City-State-Zip: ORLANDO FL 32839

Title MGR

Name DANIELS , STENZA AP
Address 102 RICHMAR AVENUE
City-State-Zip: HAINES CITY FL 32844

SIGNATURE: SHALONDA WARREN

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.

Electronic Signature of Signing Authorized Person(s) Detail

MR

02/21/2019