

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000194236

Entity Name: MAGYAR'S FRANCHISES LLC

Current Principal Place of Business:

13127 ZORI LN
WINDERMERE, FL 34786

Current Mailing Address:

13127 ZORI LN
WINDERMERE, FL 34786

FEI Number: 83-1609517

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAGYAR, NICOLE
13127 ZORI LN
WINDERMERE, FL 34786 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	AMBR	Title	AMBR
Name	MAGYAR, NICOLE	Name	MAGYAR, CSABA
Address	13127 ZORI LN	Address	13127 ZORI LN
City-State-Zip:	WINDERMERE FL 34786	City-State-Zip:	WINDERMERE FL 34786

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: CSABA MAGYAR

AUTHORIZED MEMBER

04/29/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date