

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000197175

**Entity Name:** GREEK DINER GROUP, LLC

**Current Principal Place of Business:**

8795 TAMIAMI TRAIL NORTH  
NAPLES, FL 34108

**Current Mailing Address:**

8795 TAMIAMI TRAIL NORTH  
NAPLES, FL 34108 US

**FEI Number: 84-3494458**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

STARLING, PETER M  
1152 N GOODLETTE FRANK RD  
C39  
NAPLES, FL 34102 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           | MGR              | Title           | MGR                                |
| Name            | BRISKU, LEONARD  | Name            | BILAJ, CLIRIM                      |
| Address         | 4912 21ST AVE SW | Address         | 4610 SAINT CROIX LANE<br>UNIT 1038 |
| City-State-Zip: | NAPLES FL 34116  | City-State-Zip: | NAPLES FL 34109                    |

*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: CLIRIM BILAJ** \_\_\_\_\_

**MGR**

**03/15/2021**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date