

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000109584

Entity Name: ARTISTRY RESTAURANT MANAGEMENT, LLC**Current Principal Place of Business:**201 N. NEW YORK AVE.
SUITE 200
WINTER PARK, FL 32789**Current Mailing Address:**201 N. NEW YORK AVE.
SUITE 200
WINTER PARK, FL 32789 US**FEI Number:** 88-1651326**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WOOD , MIKE
201 N. NEW YORK AVE.
SUITE 200
WINTER PARK, FL 32789 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:** MIKE WOOD

04/22/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	CEO
Name	GOFF, BARRY
Address	201 N. NEW YORK AVE., SUITE 200
City-State-Zip:	WINTER PARK FL 32789

Title	EVP
Name	WOOD, MICHAEL
Address	201 N. NEW YORK AVE., SUITE 200
City-State-Zip:	WINTER PARK FL 32780

Title	EVP
Name	HEADLEY, WILLIAM
Address	201 N. NEW YORK AVE., SUITE 200
City-State-Zip:	WINTER PARK FL 32789

Title	VP
Name	GOFF, MITCHELL
Address	201 N. NEW YORK AVE. SUITE 200
City-State-Zip:	WINTER PARK FL 32789

Title	AMBR
Name	ARTISTRY, RESTAURANTS, LLC
Address	201 N. NEW YORK AVE. SUITE 200
City-State-Zip:	WINTER PARK FL 32789

Title	CFO
Name	MASSARI, JOHN
Address	201 N. NEW YORK AVE. SUITE 200
City-State-Zip:	WINTER PARK FL 32789

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: JOHN MASSARI

CFO

04/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date