

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000255986

**Entity Name:** 93 HIBACHI LLC

**Current Principal Place of Business:**

4651 SALISBURY ROAD BAYMEADOWS  
400-5241  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

4651 SALISBURY ROAD BAYMEADOWS  
400-5241  
JACKSONVILLE, FL 32256 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
5575 S. SEMORAN BLVD.  
36  
ORLANDO, FL 32822 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  
Name            SHIPMAN, KATINA  
Address        14231 SUMMER BREEZE DR.  
City-State-Zip: JACKSONVILLE FL 32218

Title            AMBR  
Name            GRADDICK, NATHAN  
Address        14231 SUMMER BREEZE DR.  
City-State-Zip: JACKSONVILLE FL 32218

Title            AMBR  
Name            ALLICOCK , ROBERT JR.  
Address        14231 SUMMER BREEZE DR.  
City-State-Zip: JACKSONVILLE FL 32218

*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:** KATINA SHIPMAN

AMBR

01/19/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date