Entity Name: SOUL CAFE & LOUNGE LLC		2576008355CC		
Current Prin	ncipal Place of Business:		25100005	
76 BEAL PWK	YNW			
FORT WALTO	NBEACH, FL 32548			
Current Ma	iling Address:			
76 BEAL PV	•			
	TON BEACH, FL 32548			
	,			
FEI Number: 93-3699607			Certificate of Status Desired: Yes	
Name and A	Address of Current Registered Agent:			
GOOLSBY, MI				
GOOLSBY, MI 4 WILLIAMS S	Г			
4 WILLIAMS S				
4 WILLIAMS S FORT WALTO	Г	g its registered office or regis	tered agent, or both, in the State of Florida	ı.
4 WILLIAMS S FORT WALTO	T N BEACH, FL 32548 US	g its registered office or regis		3/07/2024
4 WILLIAMS S FORT WALTO	T N BEACH, FL 32548 US d entity submits this statement for the purpose of changing	g its registered office or regis		
4 WILLIAMS S FORT WALTO The above name SIGNATURI	T N BEACH, FL 32548 US d entity submits this statement for the purpose of changing E: MICHAEL E GOOLSBY	g its registered office or regis		3/07/2024
4 WILLIAMS S FORT WALTO The above name SIGNATURI	T N BEACH, FL 32548 US d entity submits this statement for the purpose of changing E: <u>MICHAEL E GOOLSBY</u> Electronic Signature of Registered Agent	g its registered office or regis		3/07/2024
4 WILLIAMS S FORT WALTON The above name SIGNATURI Authorized	T N BEACH, FL 32548 US d entity submits this statement for the purpose of changing E: MICHAEL E GOOLSBY Electronic Signature of Registered Agent Person(s) Detail :		0	3/07/2024
4 WILLIAMS S FORT WALTO The above name SIGNATURI Authorized Title	T N BEACH, FL 32548 US d entity submits this statement for the purpose of changing E: <u>MICHAEL E GOOLSBY</u> Electronic Signature of Registered Agent Person(s) Detail : MANAGING MEMBER	Title	0 MANAGING MEMBER	3/07/2024
4 WILLIAMS S FORT WALTON The above name SIGNATURI Authorized Title Name	T N BEACH, FL 32548 US d entity submits this statement for the purpose of changing E: <u>MICHAEL E GOOLSBY</u> Electronic Signature of Registered Agent Person(s) Detail : MANAGING MEMBER BUTLER, SAMUEL 100 CALHOUN AVE APT 210	Title Name	0 MANAGING MEMBER LEWIS, GREG 325 GARDNER DR NE	3/07/2024 Date
4 WILLIAMS S FORT WALTON The above name SIGNATURI Authorized Title Name Address	T N BEACH, FL 32548 US d entity submits this statement for the purpose of changing E: <u>MICHAEL E GOOLSBY</u> Electronic Signature of Registered Agent Person(s) Detail : MANAGING MEMBER BUTLER, SAMUEL 100 CALHOUN AVE APT 210	Title Name Address	0 MANAGING MEMBER LEWIS, GREG 325 GARDNER DR NE	3/07/2024 Date
4 WILLIAMS S FORT WALTON The above name SIGNATURN Authorized Title Name Address City-State-Zip:	T N BEACH, FL 32548 US d entity submits this statement for the purpose of changing E: MICHAEL E GOOLSBY Electronic Signature of Registered Agent Person(s) Detail : MANAGING MEMBER BUTLER, SAMUEL 100 CALHOUN AVE APT 210 DESTIN, FL FL 32541	Title Name Address City-State-Zip:	0 MANAGING MEMBER LEWIS, GREG 325 GARDNER DR NE FORT WALTON BEACH FL 32548	3/07/2024 Date
4 WILLIAMS S FORT WALTON The above name SIGNATURI Authorized Title Name Address City-State-Zip: Title	T N BEACH, FL 32548 US d entity submits this statement for the purpose of changing E: MICHAEL E GOOLSBY Electronic Signature of Registered Agent Person(s) Detail : MANAGING MEMBER BUTLER, SAMUEL 100 CALHOUN AVE APT 210 DESTIN, FL FL 32541 AUTHORIZED REPRESENTATIVE	Title Name Address City-State-Zip: Title	0 MANAGING MEMBER LEWIS, GREG 325 GARDNER DR NE FORT WALTON BEACH FL 32544 MANAGER	3/07/2024 Date

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000455203

Entity Name: SOUL CAFE & LOUNGE LLC

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: MICHAEL E GOOLSBY

AUTHORIZED REPRESENTATIVE 03/07/2024

FILED Mar 07, 2024

Secretary of State

Electronic Signature of Signing Authorized Person(s) Detail

Date