

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000008049

**Entity Name:** OCEANSIDE RESTAURANTS INVESTMENTS, L.L.C.**Current Principal Place of Business:**545 HEALTH BLVD  
DAYTONA BEACH, FL 32114**Current Mailing Address:**545 HEALTH BLVD  
DAYTONA BEACH, FL 32114**FEI Number:** 59-3646715**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CANTWELL, ANTHONY L  
545 HEALTH BLVD  
DAYTONA BEACH, FL 32114-2734 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:** ANTHONY L. CANTWELL

01/10/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**Title MGRM  
Name AGNONE, LOUIS M  
Address 201 N. CLYDE MORRIS BLVD  
City-State-Zip: DAYTONA BEACH FL 32114Title MGRM  
Name STELLA, GREGORY J  
Address 201 N. CLYDE MORRIS BLVD  
City-State-Zip: DAYTONA BEACH FL 32114Title MGRM  
Name MOULIS, HARRY  
Address 201 N. CLYDE MORRIS BLVD  
City-State-Zip: DAYTONA BEACH FL 32114Title MGRM  
Name BROWN, THOMAS B  
Address 545 HEALTH BLVD.  
City-State-Zip: DAYTONA BEACH FL 32114Title MGRM  
Name CANTWELL, ANTHONY  
Address 545 HEALTH BLVD  
City-State-Zip: DAYTONA BEACH FL 32114

*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:** ANTHONY CANTWELL

MGRM

01/10/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date