

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR -9 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0015929 AF

DOCUMENT # L00000000655

1. Entity Name
NANDO'S RESTAURANT GROUP, LLC

Principal Place of Business
~~215 SEASPRAY AVE.~~
PALM BEACH FL 33480

Mailing Address
215 SEASPRAY AVE.
PALM BEACH FL 33480



2. Principal Place of Business

3206 Forest Hill Blvd

Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
West Palm Beach

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33406 Country
U.S.A.

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATTERBURY, WILLIAM W III
321 ROYAL POINCIANA PLAZA, SOUTH
PALM BEACH FL 33480

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DIFILIPPO, RICHARD G
215 SEASPRAY AVE.
PALM BEACH FL 33480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800004016958--5
-04/19/01--01010--021
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Richard D. Filippa

Date

Daytime Phone #

CR2E083 (11/00)