

*** Amended ***
LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 16 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # L000000011657

1. Entity Name

Jack's Stormwatch Restaurant, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3855 Gulf Boulevard

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Pete Beach, FL

City & State

4. FEI Number

58-3546413

Applied For

Not Applicable

Zip

33706-3917

Country

Pinellas

Zip

Same

Country

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

7. Name and Address of Current Registered Agent

Name Gianis E. Manelli, Esq.Street Address (P.O. Box Number is Not Acceptable) 100 N. Tampa St., Ste 3600Phelps Dunbar LLPCity Tampa

FL

Zip Code 33602

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.

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-06/03/02--01039--007

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

PresidentAntonio Buetti3855 Gulf BoulevardSt. Pete Beach, FL 33706

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

Vice PresidentFrancesca Buetti3855 Gulf BoulevardSt. Pete Beach, FL 33706

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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: Francesca Buetti

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5-1-02 (727) 363-8543

Date

Day/Time Phone

CH2E0336 (12/01)