2001-2002

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

L00000001767

DOCUMENT # L00000001767

1. Entity Name

Ophelia's WAFFLES, L.L.C.

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FILED

02 AUG 29 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000007660060--0
-09/11/02--01026--018
****100.00 ****100.00

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2. Principal Place of Business	3. Mailing Address
6777 NW 63rd WAY	6777 NW 63rd WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PARKLAND, FL	City & State: PARKLAND, FL
Zip: 33067 Country: USA	Zip: 33067 Country: USA

4. FEI Number 65-1008423 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 S. PINE ISLAND RD

City: PARKLAND FL Zip Code: 33324

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: CHARLES MINEO 8/06/02
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	CHARLES MINEO
STREET ADDRESS	6777 NW 63rd WAY
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	MGR
NAME	SHARON MINEO
STREET ADDRESS	6777 NW 63rd WAY
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	
NAME	
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CR2E083B (12/01)

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: CHARLES MINEO 8/6/02 954/344-4457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #