2003 LIMITED LIABILITY COMPANY

Ur	HIFURM BUSIN	ESS NEPUN	_ [0	DN)						
DOCUMENT #L0000001767 1. Entity Name						FILE	.O			
OPHELIA'S WAFFLES, L.L.C.						2003 OCT -3				
Principal Plac	e of Business	Mailing Address 6777 N.W. 63RD WAY	•			DIVILION OF CORPORATIONS ALLIAHASSEE, FLORIDA				
ARKLAND FL 3	3067	PARKLAND FL 33067		*.	}				16 1 60 1 1 60 1	
2. Principal P	Place of Business	3. Mailing Address		•						
						I BH WONT BRIN WONT DURIN WO	III 55 111 551 0			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Num	ber 65-1008423			oplied For ot Applicable	
Zip Country		Zip	Cour	ntry	5. Certifica	e of Status Desired		\$5.00 Add		1
	6. Name and Address of Current	Registered Agent	L		7. Name at	d Address of New Re		<u> </u>	•	1
C T (CORPORATION SYSTEM		_	Name						7
1200	SOUTH PINE ISLAND ROAD			Street Address	ss (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324				-	200023526132		32]			
				City	10/0			ek5() [i][Zip Cod	p Code	
		<u></u>	<u>-</u>			_ <u></u>	FL	<u> </u>		
	named entity submits this statement for cions of registered agent.	or the purpose of changing its	register	ed office or registe	ered agent, or b	oth, in the State of Flori	da. I am fa	amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	t and title if applicable. (NOT)	: Registere	d Agent signature require	ed when reinstating)		DATE			
				FEE IS \$50.00						1
		Make Check Payabl								
		Due By	Septe	mber 24, 2003						
9.	MANAGING MEMBI	ERS/MANAGERS	10.			ADDITIONS/C	HANGES			
TITLE	MGRM	☐ Delete	TITL					☐ Change	☐ Addition	CR2E083 (4/03)
NAME STREET ADDRESS	MINEO, CHARLES 6777 N.W. 63RD WAY			EET ADDRESS						33 (4
CITY-ST-ZIP	PARKLAND FL 33067			'-ST-ZIP						100
TITLE	MGR	□ Delete	TITL	E .	<u></u>			☐ Change	Addition	18
NAME	MINEO, SHARON		NAM	E				_ ,		-
STREET ADDRESS	6777 N.W. 63RD WAY		•	EET ADDRESS						
CITY-ST-ZIP	PARKLAND FL 33067		-	-ST-ZIP - -	- <u>-</u> -	<u> </u>	<u> </u>			4
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indicated limited liai	certify that the information supplied with on this report is true and accurate and bility company or the regeiver of truste	ir ans ming does not quality for I that my signature shall have t e empowered to execute this i	the exe the same report as	mption stated in S e legal effect as if i required by Chap	ection 119.07(3 made under oa oter 608, Florida	χι), ⊢iorida Statutes. I fi h; that I am a managir Statutes.	urtner certi ig member	ry that the ir or manage	nrormation or of the	

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/23/03 . 9 5 4 - 3 4 4 - 4 4 5 7

Date Daytime Phone #