

# 2001 UNIFORM BUSINESS REPORT

L00000003842

DOCUMENT # L000000003842

1. Entity Name

PEACOCK RESTAURANT, LLC

Principal Place of Business

Mailing Address

220 N.W. PEACOCK BLVD.  
PORT ST. LUCIE, FL 34986

1101 BRICKELL AVE, SUITE 1700  
MIAMI, FL 33131

2. Principal Place of Business

220 N.W. PEACOCK BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL

City & State

MIAMI, FL

Zip

34986

Country

ST. LUCIE

Zip

33131

Country

USA

4. FEI Number

58-2535018

Applied For

Not Applicable

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

JOHN W. SCHMITZ, ESQ.  
1101 BRICKELL AVENUE, SUITE 1700  
MIAMI, FL 33131

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

*[Signature]*

JOHN W. SCHMITZ

OCT. 9, 2001

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE: MANAGER  
NAME: JOHN W. SCHMITZ  
STREET ADDRESS: 375 COCOPLUM ROAD  
CITY-ST-ZIP: CORAL GABLES, FL 33143

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

TITLE: MANAGER  
NAME: LUCILA SCHMITZ  
STREET ADDRESS: 375 COCOPLUM ROAD  
CITY-ST-ZIP: CORAL GABLES, FL 33143

TITLE:   
NAME:   
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☐ Change ☐ Addition

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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:

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

Date

Daytime Phone #

*[Signature]*

JOHN W. SCHMITZ

OCT. 9, 2001

579-9700

CR2E083 (11/00)