

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90210 020 ****50.00

DOCUMENT # L00000012082

1. Entity Name

CLASSIC CUE PUB, L.C.

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961130

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
122 SOUTH US ONE
Suite, Apt. #, etc.

3. Mailing Address
122 SOUTH US ONE
Suite, Apt. #, etc.

City & State
VERO BEACH, FLA

City & State
VERO BEACH, FLA

4. FEI Number
65-1044-028

Applied For
Not Applicable

Zip
32963

Country
INDIAN RIVER

Zip
32963

Country
INDIAN RIVER

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
HATCH, IRA C

Street Address (P.O. Box Number is Not Acceptable)
1701 HIGHWAY A1A - STE 220

City
VERO BEACH FL Zip Code
32963

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

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
BAILLY PHILIPPE
122 SOUTH US ONE
VERO BEACH, FL. 32962

TITLE
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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)(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:

PHILIPPE BAILLY

MGR (561) 713 0444

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

Date

Daytime Phone #

CR2E083B (12/01)