LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91553 015 ****50.00

DOCUMENT # L00000014268

1. Entity Name
Gecko's Smokehouse LLC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4870 South Tamiami Trail	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, Fl	City & State
Zip: 34231 Country: USA	Zip Country

4. FEI Number: 65-1051635 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Reinicke, Stephanie A.

Street Address (P.O. Box Number is Not Acceptable): 1800 Second St.

City: Sarasota **FL** Zip Code: 34231

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS

TITLE	President
NAME	Quillen, Michael L.
STREET ADDRESS	4870 Tamiami Trail South
CITY-ST-ZIP	Sarasota, Fl 34231
TITLE	Vice President
NAME	Gowan, Michael T.
STREET ADDRESS	4870 Tamiami Trail South
CITY-ST-ZIP	Sarasota, Fl 34231
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Michael Gowan Michael T. Gowan 4/17/02 941-923-8896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Department of State 4/17/2002 12:43 PAGE 1/1 RightFAX

Attachment
949287
L00000014268

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ATTN: BETTY

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4/17/02 CORPORATE DETAIL RECORD SCREEN 12:33 PM

NUM: L00000014268 ST:FL ACTIVE/FL LIM LIAB FLD: 11/07/2000
TOTAL CONTR: 0.00 FEI#: APPLIED FOR
NAME : GECKO'S SMOKEHOUSE, L.L.C.
PRINCIPAL: 4870 TAMIAMI TRAIL SOUTH
ADDRESS SARASOTA, FL 34231
RA NAME : REINICKE, STEPHANIE A
RA ADDR : 1800 SECOND STREET, SUITE 803
SARASOTA, FL 34236 US
ANN REP : (2001) I 04/11/01

4/17/02 MANAGER/MEMBER DETAIL SCREEN 12:33 PM

CORP NUMBER: L00000014268 CORP NAME: GECKO'S SMOKEHOUSE, L.L.C.
TITLE: P NAME: QUILLEN, MICHAEL L
4870 TAMIAMI TRAIL SOUTH
SARASOTA, FL 34231
TITLE: V NAME: GOWAN, MICHAEL T
4870 TAMIAMI TRAIL SOUTH
SARASOTA, FL 34231