

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015237

1. Entity Name

SUNSET DECK RESTAURANT, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

SUNSET DECK RESTAURANT, LLC

Suite, Apt. #, etc.

307 NORTH RIVER DRIVE

City & State

STUART, FL

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

Country

34994

USA

Zip

SAME

Country

SAME

4. FEI Number

65-1062575

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 FEB 19 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

RUTH CLARK

Street Address (P.O. Box Number is Not Acceptable)

1948 SE HILLMOOR, # 222

City

PORT ST. LUCIE,

FL

Zip Code  
34952

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

*Steph Tetro*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

✓ 2-13-01

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MANAGING MEMBER

☐ Change

☒ Addition

STEVE TETRO

1948 SE HILLMOOR DR., #222

PORT ST. LUCIE, FL 34952

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

700003746467--7

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\*\*\*\*\*50.00 - \*\*\*\*\*50.00

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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:

*Steph Tetro*

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

✓ 2-13-01 561-692-1203

Date

Daytime Phone #