

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90163 046 \*\*\*\*50.00

**DOCUMENT # L00000015237**

1. Entity Name

SUNSET DECK RESTAURANT, LLC



Principal Place of Business

307 NORTH RIVER DRIVE  
STUART FL 34995

Mailing Address

307 NORTH RIVER DRIVE  
STUART FL 34995

**20011103**



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1062575

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

CLARK, RUTH R  
1129 S.E. MONDAVIA AVE.  
PORT SAINT LUCIE FL 34952

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

10.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
TETRO, STEVE  
1129 S.E. MONDAVIA AVE  
PORT SAINT LUCIE FL 34952 ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**CORRECT NAME**  
**Not - Ruth R CLARK**  
**correction - Edna Ruth CLARK**

**Address - 1129 SE**  
**correction MONDAVIA**  
**AVENUE**

**Thank you**  
**Edna Ruth Clark**  
**2/8/05**

☐ Addition

☐ Addition

☐ Addition

☐ Addition

☐ Change

☐ Addition

☐ 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: Edna Ruth Clark**

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

**2/8/05**

Date

**772-692-1203**

Daytime Phone #