→ LIMITED LIABILITY COMPANY → UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2002 8:00 am Secretary of State

DOCUMENT # L01000002626 1. Entity Name						05-06-2002 90187 020 ****50.00		
The E d/b/a	Eton Company, LLC Ellie's Restaurant	7				-		
DO NOT WRITE IN THIS SPACE						954881		
2. Principal 41 Ro	Place of Business Yal Palm Point	3. Ma	3. Mailing Address 5065 Highway A1A					
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State Vero Beach, Florida		City	City & State Vero Beach, Florida			4. FEI Number		
Zip 32960	Country USA	Zip	32963		ÜSA	5. Certificate of Status Desired		Not Applicable \$5.00 Additional
		laning property				7. Name and Address of Current	· 	Fee Required Agent
DO NOT WE IN THIS SPA				Street Address (P		Omas F. Panza O.O. Box Number is Not Acceptable) anza, Maurer & Maynard, P.A. North Federal Highway, 3 rd Floor		
8. The above	named entity submits this et				l * Ft.la	uderdale	<u>FL</u>	Zip Code 33308
	Trained Crany Submits (7) Sa	tement for the purpos		1		agent, or both, in the State of Fic	orida.	
SIGNATURE	Signature typed or primed hame of h	gistered agent and title if app	licable.	<u>ómas</u> _	F. Panza	4/2:	<u> 5102</u>	
9.	MANAGIN	NG MEMBERS/MANA	Mako Cheek Pa	FEE(S) Dyaldle (c DUE(EX)	Department of	Satu	bara sa sa sa	fi., il lenge kalikas 1998
NAME STREET ADDRESS CITY-ST-ZIP	Manager/Member Guy B. Snowden 5065 Highway A1A Vero Beach, Florida 3	J2963		26,00 : 22 02 02 02	T Address St-zip			CRZE083B (1201)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager/Member John E. Taylor, Jr. 5065 Highway A1A Vero Beach, Florida 3	2963		TITLE NAME STREE CITY	T ADDRESS			CRZEQ
TITLE NAME Street Address City-St-Zip				TITLE NAME STREE CITY-S	TADORESS ST-ZIP	DO NOT	WRIT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	TITLE NAME STREET	ADDRESS	INTHIS	August 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			TITLE NAME STREET CITY'S	AODRESS T. ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	0		CITY-S				
II. I hereby ce indicated calimited liab	URE:	or trystee empowered	to execute this rep	ont as req	uired by Chapter 60	04 17 02	ng member o	r manager of the
	SIGNATURE AND TYPED OR PRIN	TED NAME OF SIGNING MA	NAGING MEMBER, MA	NAGER, OR	AUTHORIZED REPRESE	NTATIVE Date		31.5858 ine Phone #