2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012861

1. Entity Name



FILED May 01, 2003 8:00 am Secretary of State
05-01-2003 90271 008 ****50.00

State Stat	HOPB RE	STAURANT, LLC									
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VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE SUITE 500 EAST WEST PALM BEACH FL 33401 City FL Zip Code 6. 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 ac the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE WARRIAGING MEMBERS / MANAGERS ITILE NAME MARRIAGING MEMBERS / MANAGERS ITILE NAME STREET ADDRESS CITY-51-ZIP MARRIAGING MEMBERS / MANAGERS ITILE NAME STREET ADDRESS CITY-51-ZIP ITILE STREET ADDRESS CITY-51-ZIP ITILE STREET ADDRESS CITY-51-ZIP ITILE STREET	Zip	Country	Zib [Country		5. Certificate	of Status Desired				
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WEST PALM BEACH FL 33401 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. SIGNATURE Signature Type of provide nerve of registered agent and 156 if applicable. INOTE: Registered Agent signature required when remetalizing) DATE	777 SOUTH FLAGLER DRIVE			Street A	Address (P	O. Box Number	is Not Acceptable))			
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NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes, I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes, I further certification supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes, I further certification supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes, I further certification supplied with the information supplied with th	TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP						Addition	

SIGNATURE:
SIGNATURE AND TYPED OR PRINT