

FILED

Jun 10, 2002 8:00 am
Secretary of State

05-22-2002 90219 013 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018184

1. Entity Name

ST. TROPEZ BISTRO, L.L.C.

Principal Place of Business

2063 INDIAN RIVER BOULEVARD
VERO BEACH FL 32960

Mailing Address

2063 INDIAN RIVER BOULEVARD
VERO BEACH FL 32960

2. Principal Place of Business

2075 Indian River Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Zip

Country

32960

Indian River

4. FEI Number

59 3751252

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SEGAL, BARRY G ESQUIRE
BARRY S. SEGAL, P.C.
2801 OCEAN DRIVE, SUITE 204
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

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.

SIGNATURE

Kristin Gardner, VP Finance

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ DeleteMGRM
GARDNER, JASON
2063 INDIAN RIVER BOULEVARD
VERO BEACH FL 32960TITLE NAME ☐ DeleteMGRM
GARDNER, KRISTIN A
2063 INDIAN RIVER BOULEVARD
VERO BEACH FL 32960TITLE NAME ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionTITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Kristin Gardner, VP Finance

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

4/28/02

Date

561-299-4722

Daytime Phone #

CR2E083 (9/01)