LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L010000 19716

1. Entity Name

SOUTHWEST BRASSERIE, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9705 SO. DIXIE HWY

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: MIAMI FL

City & State

4. FEI Number
65-1152094

| Applied For |
| Not Applicable |

Zip: 33156 | Country

Zip | Country

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SAMUEL S. BLUM

Street Address (P.O. Box Number is Not Acceptable)
2666 TIGER TAIL AVE. Esquire Suite

City: Coconut Grove | FL | Zip Code: 33133

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

DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	TITLE	
NAME	BRUCE BALLET	NAME	
STREET ADDRESS	9705 So. Dixie Hwy	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33156	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		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:X _____

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

Date: 4/30/02

Daytime Phone #: 305-665-3919