

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90019 036 ****50.00

0006547

DOCUMENT # L01000019984

1. Entity Name

LUNCH OR DINNER, LLC



Principal Place of Business

Mailing Address

~~200 SOUTH ORANGE AVE.~~
~~SUITE 2300~~
~~ORLANDO FL 32801~~

~~200 SOUTH ORANGE AVE.~~
~~SUITE 2300~~
~~ORLANDO FL 32801~~

2. Principal Place of Business

12101 Crescent Cove Ct.

3. Mailing Address

12101 Crescent Cove Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Windermere, FL

City & State

Windermere, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

34786

Country

Orange

Zip

34786

Country

Orange

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

PEREZ, TICO A

200 SOUTH ORANGE AVE.
SUITE 2300
ORLANDO FL 32801

Name

JACQUELINE BOZZUTO

Street Address (P.O. Box Number is Not Acceptable)

215 NORTH EOLA DRIVE

City

ORLANDO

FL

Zip Code
32801

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

Jacqueline Bozzuto
JACQUELINE BOZZUTO

(NOTE: Registered Agent signature required when reinstating)

4/8/03
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RIVERS, JOHNNY
200 SOUTH ORANGE AVE.
ORLANDO FL 32801 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RIVERS, JOHNNY
12101 CRESCENT COVE CT.
WINDERMERE, FL 34786 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE REQUIRED

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

JOHNNY RIVERS, MANAGER

2/12/03
Date

(407)648-0079
Daytime Phone #

CR2E083 (10/02)