

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-11-2003 90019 035 \*\*\*\*\*50.00

0006364

**DOCUMENT # L01000019988**

1. Entity Name

**J.R. SMOKEHOUSE EXPRESS, 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**

Zip

**34786**

Country

**ORANGE**

Zip

**34786**

Country

**ORANGE**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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, TIGO 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*

**4/08/03**

(NOTE: Registered Agent signature required when reinstating)

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	<b>P</b> <b>RIVERS, JOHNNY SR</b> <b>12101 CRESCENT COVE CT</b> <b>WINDERMERE FL 34786</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FOR</b> <b>RIVERS, JOHNNY</b> <b>12101 CRESCENT COVE CT.</b> <b>WINDERMERE, FL 34786</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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**

**2/12/03**

**(407) 648-0079**

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

Date

Daytime Phone #

CR2E083 (10/02)