

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-11-2003 90019 034 ****50.00

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DOCUMENT # L01000019990

1. Entity Name

SMOKEHOUSE, 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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

~~PEREZ, TICO A~~
~~200 SOUTH ORANGE AVE.~~
~~SUITE 2300~~
~~ORLANDO FL 32801~~

7. Name and Address of New Registered Agent

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

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

(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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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TITLE ☐ Change ☐ Addition
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:

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)