

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90038 002 ****50.00

DOCUMENT # L01000021132

1. Entity Name

OLD MEXICANO CAFE, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

110 E. TARPON AVE

Suite, Apt. #, etc.

City & State

TARPON SPRINGS, FL

Zip

34689

Country

US

3. Mailing Address

1103 FLORIDA AVE

Suite, Apt. #, etc.

STE. 4

City & State

PALM HARBOR, FL

Zip

34683

Country

US

4. FEI Number

59-3759632

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROSE M. JENKINS

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

1103 FLORIDA AVE

STE. 4

City

PALM HARBOR

FL

Zip Code

34683

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IN THIS SPACE**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
PATRICK PETIT
110 E. TARPON AVE
TARPON SPRINGS, FL 34689

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E083B (12/01)