

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90578 026 ****50.00

0066417

DOCUMENT # L02000002819

1. Entity Name

BIG BIB BBQ OF WHITE CITY, LLC



Principal Place of Business

4983 S. U.S. HIGHWAY 1
FORT PIERCE FL 34982

Mailing Address

4983 S. U.S. HIGHWAY 1
FORT PIERCE FL 34982

2. Principal Place of Business

4999 S. U.S. Highway 1

3. Mailing Address

4999 S. U.S. Highway 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

U.S.

Zip

Country

U.S.

4. FEI Number

04-3599026

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUMMERS, ROBERT P ESQ.
MCCARTHY, SUMMER, BOBKO, WOOD ET AL
2400 S.E. FEDERAL HIGHWAY, FOURTH FLOOR
STUART FL 34994

7. Name and Address of New Registered Agent

Name **William P. Clarizio**

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

2492 SE. Issac Rd

City

Port St. Lucie

FL

Zip Code

34952

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

William P. Clarizio

William P. Clarizio

4/29/03

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

(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

TITLE **MGR** ☐ Delete
NAME **CLARIZIO, WILLIAM P**
STREET ADDRESS **4983 S. U.S. HIGHWAY 1**
CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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 ☒ Change ☐ Addition
NAME
STREET ADDRESS **4999 S. U.S. Highway 1**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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:

William P. Clarizio

William P. Clarizio 4/29/03

(772) 466-1010

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

Date

Daytime Phone #

CR2E083 (10/02)