

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

03-24-2003 90021 006 ****50.00

3/2

DOCUMENT # L02000003784

1. Entity Name

THE MICHAEL R. MCCARTY RESTAURANT GROUP, LLC



Principal Place of Business

Mailing Address

**340 ROYAL PALM POINCIANA WAY, SUITE 340
PALM BEACH FL 33480**

**340 ROYAL PALM POINCIANA WAY, SUITE 340
PALM BEACH FL 33480**

2. Principal Place of Business

3. Mailing Address

50 COCONUT ROW

50 COCONUT ROW

Suite/Apt. #, etc.

Suite/Apt. #, etc.

101

101

City & State

City & State

PALM BEACH

PALM BEACH

Zip

Country

Zip

Country

FL 33480 USA

FL 33480 USA

4. FEI Number

03-0397212

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

LYNCH, FRANCIS X.J.

**340 ROYAL PALM POINCIANA WAY, SUITE 340
PALM BEACH FL 33480**

Name

LYNCH, FRANCIS X.J.

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

625 N. FLAGLER DRIVE

9TH FLOOR

City

WEST PALM BEACH

FL

Zip Code

33401

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 obligation, of registered agent.

SIGNATURE

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

FRANCIS X.J. LYNCH

(NOTE: Registered Agent signature required when reinstating)

2/28/03

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
**President
Michael R. McCarthy
50 Coconut Row
Palm Beach, FL 33480**

☐ 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

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

2/28/03

Date

561-659-1899

Daytime Phone #

CR2E083 (10/02)