

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000016958

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** INVERSIONES TROPICAL RIBS, LLC

**Current Principal Place of Business:**

1455 NW 107TH AVE SPC#486  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

2688 SW 137 AVE  
MIAMI, FL 33175

**New Mailing Address:**

**FEI Number:** 54-2081353

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

M. KEITH MARSHALL, PA  
2999 NE 191 STREET, SUITE 805  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** GOIHMAN, RICHARD  
**Address:** 1455 NW 107 AVE 486  
**City-St-Zip:** MIAMI, FL 33172

**Title:** MGRM  
**Name:** LEVY, ABRAHAM  
**Address:** 1455 NW 107 AVE 486  
**City-St-Zip:** MIAMI, FL 33172

**Title:** MGRM  
**Name:** BENARROCH, DANIEL  
**Address:** 1604 WEEPING WILLOW WAY  
**City-St-Zip:** HOLLYWOOD, FL 33019

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** RICHARD GOIHMAN

MGRM

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date