2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

UN	IIFURM BUSINE	22 KELOKI	(U	BK)	_ Apı	20, 20	0.0.0	o am
DOCUI	MENT # L020000	18838				cretary 28-2003 9009		
DEMITRI'S	S DELI, LLC		,					
Principal Place	of Business	Mailing Address			1			
323 ECHO PINE		323 ECHO PINES WAY						
LAKELAND FL	33813	LAKELAND FL 33813					-	
		· ·			1 1981 HOLL BALL BALL			
2. Principal Pl	ace of Bysiness South Florida Are	3. Mailing Address						
Suite, Apt.	e 1	Suite, Apt. #, etc.			□ сн	ECK HERE IF MAK	ING CHANGES	
City & State	nd, fl.	City & State			61-1421	845	/ 	oplied For ot Applicable
Zip 33°	801 POIK	Zip	Countr خریتے		5. Certificate of Statu		\$5.00 Ad Fee Require	
·	6. Name and Address of Current R	legistered Agent	7.5	<u>منيوسي - يستوت</u>	7. Name and Addres	s of New Register	ed Agent	
NICH	(, JAMES N			Name				ì
3900	AVENUE G, NW			Street Address	(P.O. Box Number is Not	Acceptable)		
WIN	TER HAVEN FL 33880		1					
			.	0:1-			Zip Cod	<u> </u>
		1	-	City			- B	
	named entity submits this statement for one of registered agent.	the purpose of changing its	registered	d office or registe	red agent, or both, in the	State of Floriday I	am ramiliar with,	and accept
SIGNATURE _	Signature, typed of printed name of registered agent an	d title if applicable. (NOTE	Registered :	Agent signature require	d when reinstating)	// _A	TE O	
							<u> </u>	 -{
		Make Check Payable		EE IS \$50.00 rida Denartme	ent of State			
		· ·		/ 1, 2003				
9.	·		10.		A	DDITIONS/CHANG	GES"	
TITLE		∑ Delete	TITLE	ME	RM 1 1/2/2	/	☐ Change	Addition
NAME		, 	NAME	JAN	nes N-Nick s Echo Pin	es WALP	~~	′
STREET ADDRESS CITY-ST-ZIP	· Jeropara		CITY-S	TADORESS 323	eiAND, Fl	3380	3-45	16.
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STREET ADDRESS				ADDRESS 422	1 SUNNY GL	en isk.		
CITY-ST-ZIP		<u> </u>	CITY-S	ST-ZIP LAK	ELAND, Fl.	<u> 33813</u>	<u> </u>	
TITLE		☐ Delete	TITLE		/		☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS				
CITY-ST-ZIP			CITY-S					\
TITLE		☐ Delete	TITLE			······································	☐ Change	Addition
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TITLE		☐ Delete	· TITLE	Ī			☐ Change	Addition
NAME STREET ADDRESS			NAME	ABBOSOO		-		ļ
STREET ADDRESS City-St-Zip		.•	CITY-S	ADDRESS ST-ZIP				
11 I boroby o	ertify that the information supplied with t	his filing does not qualify for	the ever	ention stated in Si	ection 119.07(3)(i). Florid	a Statutes. I further	certify that the in	nformation
indicated of limited liab	on this report is true and accurate and the illing of the receiver or trustee of the receiver of the receiver or trustee of the receiver or trustee of the receiver of the receiver of the receiver or trustee of the receiver of th	nat my signature shall have the employeered to execute this re	ne same l eport as r	egal effect as if r equired by Chap	made under oath; that I a iter 608, Florida Statutes.	m a managing me	mber or manage	er of the

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

SIGNATURE: