

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000020729

1. Entity Name
19 PUB & GRILLE, LLC



Principal Place of Business
4400 FAIRWINDS DR.
FORT PIERCE, FL 34946

Mailing Address
4400 FAIRWINDS DR.
FORT PIERCE, FL 34946



01282004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0421436

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROHN, CINDY
4400 FAIRWINDS DR
FORT PIERCE, FL 34946

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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

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

(NOTE: Registered Agent's signature required when reappointing)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

U000000158277
05/07/04-80015-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Z GOLF COURSE FOOD & BEVERAGE ADVISORS, LLC 79 DAILY DRIVE, #300 CAMARILLO, CA 93010
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature] Sohaw Zarucka 3/4/04 805 3880287