2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/8/2003-90076-001-$50.00-$50.00

FILED
03 OCT 28 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000020729

1. Entity Name
19 PUB & GRILLE, LLC

12/11/02

Principal Place of Business
79 DAILY DRIVE, #300
CAMARILLO CA 93010

Mailing Address
79 DAILY DRIVE, #300
CAMARILLO CA 93010

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4400 ~~3443~~ Fairwinds Dr	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Pierce	City & State: FL
Zip: 34946 Country:	Zip: Country:

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	7. Name and Address of New Registered Agent
CORPDIRECT AGENTS, INC.	Name: [illegible] Cindy Rohn
103 N. MERIDIAN STREET	Street Address (P.O. Box Number is Not Acceptable): 4400 ~~3443~~ Fairwinds Dr
LOWER LEVEL	City: Fort Pierce FL Zip Code: 34946
TALLAHASSEE FL 32301	

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] X Cindy Rohn 7/26/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

$50.00 FILE NOW!!! FEE IS $50.00

Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete Z GOLF COURSE FOOD & BEVERAGE ADVISORS,LLC 79 DAILY DRIVE, #300 CAMARILLO CA 93010	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] SIGNATURE REQUIRED 7/26/03 8053880784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)