

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90003 037 \*\*\*\*50.00

**DOCUMENT # L02000021137**

1. Entity Name  
**SOUTHWEST GRILL AND BARBEQUE, LLC**



Principal Place of Business

**18907 ST. LAURENCE DR.  
LUTZ FL 33558**

Mailing Address

**18907 ST. LAURENCE DR.  
LUTZ FL 33558**

2. Principal Place of Business

**4100 Corroy Rd**  
Suite, Apt. #, etc.

3. Mailing Address

**13310 N 56th St**  
Suite, Apt. #, etc.

City & State

**Orlando, FL**

City & State

**Tempe Terrace, FL**

4. FEI Number

**56-2291694**

Applied For

Not Applicable

Zip

**32809**

Country

**Orange**

Zip

**33617**

Country

**Hillsborough**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SARSEN, CINDY  
3421 N. LAKEVIEW DR.  
TAMPA FL 33618**

7. Name and Address of New Registered Agent

Name **Kim Hynah**  
Street Address (P.O. Box Number is Not Acceptable)  
**18907 St Laurence drive**  
City **Lutz** **FL** Zip Code **33558**

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 **Kim Hynah**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **Kim Hynah - mgr** ☐ Delete  
NAME **Kim Hynah**  
STREET ADDRESS **18907 St Laurence Dr**  
CITY-ST-ZIP **Lutz, FL 33558**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**1-7-03**

Date

**703-948-3136**

Daytime Phone #

CR2E083 (10/02)