

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90150 014 ****50.00

DOCUMENT # L02000025192

1. Entity Name
CHECKERS BBQ, LLC



Principal Place of Business
3566 ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32207

Mailing Address
3566 ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32207

40114051



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302007

Chg-LLC

CR2E083 (12/06)

City & State

City & State

4. FEI Number

27-0031668

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STONEBURNER, BERRY & SIMMONS, P.A.
ONE INDEPENDENT DRIVE
SUITE 2000
JACKSONVILLE, FL 32202

Name ARTHUR JENNETTE

Street Address (P.O. Box Number is Not Acceptable)
3566 ST. AUGUSTINE RD

City JACKSONVILLE

FL

Zip Code 32207

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 signature required when reinstating)

DATE

4/26/07

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME SOLOMON, CHRISTINE J
STREET ADDRESS 1909 UNIVERSITY BLVD. SOUTH, #204
CITY-ST-ZIP JACKSONVILLE, FL 32216

☒ Delete

TITLE MGRM
NAME ARTHUR JENNETTE
STREET ADDRESS 3566 ST. AUGUSTINE RD
CITY-ST-ZIP JACKSONVILLE, FL 32207

☐ Change ☒ Addition

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

4/26/07

Daytime Phone #

904-