

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90043 006 \*\*\*\*55.00

**DOCUMENT #** L02000031962

**1. Entity Name**

JJM RESTAURANTS LLC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

5595 OVERSEAS HIGHWAY

Suite, Apt. #, etc.

**3. Mailing Address**

270 SOUTH POINT DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
MARATHON, FL

**Zip**  
33050

**Country**  
USA

**City & State**  
SUGARLOAF SHORES FL

**Zip**  
33042

**Country**  
USA

**4. FEI Number**  
22-3588940

**Applied For**  
☐ Not Applicable

**5. Certificate of Status Desired** ☒ **\$5.00 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
JACK MARCHANT

**Street Address (P.O. Box Number is Not Acceptable)**  
270 SOUTH POINT DRIVE

**City** SUGARLOAF SHORES **FL** **Zip Code** 33042

**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.**

**SIGNATURE** X

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

**DATE**

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS / MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
MANAGING MEMBER  
JACK MARCHANT  
270 SOUTH POINT DRIVE  
SUGARLOAF SHORES FL 33042

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
MEMBER  
JULIE GROVES  
270 SOUTH POINT DRIVE  
SUGARLOAF SHORES FL 33042

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**DO NOT WRITE  
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)(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:** X

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

**Date**

**Daytime Phone #**