	003 LIMITED LIA			1 Sep 05, 2005 8:00 am
1. Entity Nan	IMENT # L02000 NKHOUSE BAR & GRILL, L.L.	/		Secretary of State 09-05-2003 90067 012 ****50.00
0.0. 016	antooce brill a diller e.e.	<u>,</u>		
Principal Place 380 S. OCEAN POMPANO BEA		Mailing Address 1380 S. OCEAN BLVD. POMPANO BEACH FL 33062		(10011001) #11 00110 1(#1) 00111 00111 00111 00111 00111 00111 00111 10111 10111 10111 10111 10111
	Place of Business	3, Mailing Address		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	. <u></u> .	CHECK HERE IF MAKING CHANGES
City & Stat	te Beach Fl	City & State		4. FEI Number Applied For 65 - 116 4472 Not Applicab
Zip. 3306	-Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
DIASSINOS, JOHN 1380 S. OCEAN BLVD. POMPANO BEACH FL 33062				Stacey Di Assinos 1 Address (P.O. Box Number is Not Acceptable) 3 80 5 Ocean Blud
	a i		Cla	mparoBerch Re FL Zip Code 33062
8. The above the obligat	e named entity submits this statement for tips of registered agent.	or the purpose of changing its r	egistered office or	or registered agent, or both, in the State of Florida. I am familiar with, and accep
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE)	D ASS	Since \$ 8/12/03 nature required when reinstating) DATE
٠.		Make Check Payable	W!!! FEE IS \$ to Florida Dep September 24,	epartment of State
9.	MANAGING MEMBI	ERS/MANAGERS	10	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stacey Diassinos 1380 S. Ocean B Pompavo Beach R	, lud	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stacey Diassines \$\frac{1380 \text{ S. Ocean Blud}}{2000 \text{ Change Diassines}}
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stacen BiAssin-S 13803. Ocean Blod
TITLE ~_ NAME STREET ADDRESS CITY-ST-ZIP	(c)	→ Delête	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	× .	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Additio
11. I hereby of indicated		that my signature shall have th	ie same legal effe	tated in Section 119.07(3)(i), Florida Statutes. I further certify that the information fect as if made under oath; that I am a managing member or manager of the d by Chapter 608, Florida Statutes.