

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90182 004 ****50.00

DOCUMENT # L03000002939

1. Entity Name
SIZZLING FOOD CONCEPTS, LLC



Principal Place of Business
**8619 S. DIXIE HIGHWAY
MIAMI, FL 33143 US**

Mailing Address
**8619 S. DIXIE HIGHWAY
MIAMI, FL 33143 US**

20023297



2. Principal Place of Business
3039 Lakewood Dr.

3. Mailing Address
3039 Lakewood Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222006 Chg-LLC CR2E083 (11/05)

City & State
Weston, FL

City & State
Weston, FL

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

Zip
33332

Country
Broward

Zip
33332

Country
Broward

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

6. Name and Address of Current Registered Agent

**WEISENFELD, JOSEPH J
2655 S. LE JEUNE ROAD, 4TH FLOOR
CORAL GABLES, FL FLORI-DA**

7. Name and Address of New Registered Agent

Name **C. HAPARRO, A. WARO**
Street Address (P.O. Box Number is Not Acceptable)
3039 Lakewood Dr.
Weston
City **FL** Zip Code **33332**

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 **X**
Signature, typed or printed name of registered agent and state applicable.

(NOTE: Registered Agent signature required when reinstating)

03/22/06
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
NAME **WARMAN, RICARDO**
STREET ADDRESS **8619 S DIXIE HIGHWAY, 2ND FLOOR**
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **ALVARO CHAPARRO**
STREET ADDRESS **3039 Lakewood Dr.**
CITY-ST-ZIP **Weston, FL 33332**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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 X

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

03/22/06

Date

Daytime Phone #

754-2141580