

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000003378

1. Entity Name
STARBOARD LOUNGE AND GRILLE LLC



Principal Place of Business
3421 STRINGFELLOW RD.
ST. JAMES CITY, FL 33956

Mailing Address
3421 STRINGFELLOW RD.
ST. JAMES CITY, FL 33956

2. Principal Place of Business

3. Mailing Address

2766 HERON CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ST JAMES CITY FL

Zip

Country

Zip 33956

Country USA

10202004 REIN-LLC

CR2E101 (6/04)

11/29

4. FEI Number
20-0308848

Applied For
Not Applicable

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

ADAMS, BARBARA A
3421 STRINGFELLOW RD.
ST. JAMES CITY, FL 33956

2766 Heron Ct
St James City FL
33956

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Barbara A Adams

10/22/04

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
After January 1, 2005, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE *mgr*
NAME BARBARA A ADAMS ☐ Delete
STREET ADDRESS 2766 HERON CT
CITY - ST - ZIP ST JAMES CITY FL 33956

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
000042158440
10/25/04--01063--003 **50.00

TITLE *mgr*
NAME SCOTT A ADAMS ☐ Delete
STREET ADDRESS 2766 HERON CT
CITY - ST - ZIP ST JAMES CITY FL 33956

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

TITLE
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CITY - ST - ZIP ☐ Delete

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STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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:

Barbara A Adams

10/22/04

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

Date

Daytime Phone #

FILED

04 NOV 29 PM 5:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

