

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000005449**

1. Entity Name  
**MARDI GRAS SALOON, LLC**



Principal Place of Business  
**37 SUNDUNES CIRCLE  
DAYTONA BEACH, FL 32127**

Mailing Address  
**37 SUNDUNES CIRCLE  
DAYTONA BEACH, FL 32127**



02052007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**76-0745675**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

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

**RECEL, ERGUN THOMAS  
37 SUNDUNES CIRCLE  
DAYTONA BEACH, FL 32127**

**DO NOT WRITE  
IN THIS SPACE**

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

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
RECEL, ERGUN THOMAS  
37 SUNDUNES CIRCLE  
DAYTONA BEACH, FL 32127**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DODAN, ARJAN  
2521 N. HALIFAX AVENUE  
DAYTONA BEACH, FL 32118**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
GEORGE, NICHOLAS A  
500 N OLEANDER AVENUE  
DAYTONA BEACH, FL 32118**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
GIIST, NIR  
37 SUNDUNES CIR  
PORT ORANGE, FL 32127**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
GIIST, LIYA  
37 SUNDUNES CIR  
PORT ORANGE, FL 32127**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ISKENDER, TAYLAN C  
6809 HENNO CT  
PORT ORANGE, FL 32128**

U00000662874  
03/21/07-80030-023 50.00

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #