

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90293 030 ****50.00

DOCUMENT # L03000008092

1. Entity Name
COASTAL RESTAURANT GROUP, L.L.C.



Principal Place of Business
**5225 NORTH OCEANSHORE BOULEVARD
PALM COAST, FL 32137-3211**

Mailing Address
**5225 NORTH OCEANSHORE BOULEVARD
PALM COAST, FL 32137-3211**

20021771



02162005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2100091

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCLEMORE, THEODORE
5225 NORTH OCEANSHORE BOULEVARD
PALM COAST, FL 32137-3211**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MCLEMORE, THEODORE
5225 NORTH OCEANSHORE BOULEVARD
PALM COAST, FL 321373211**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**J.S.D.
John Doering
5224 N. Oceanshore Blvd
Palm Coast FL 32107**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Theodore McLeMORE

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

2-22-05

Date

*386
446-4337*

Daytime Phone #