

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-08-2004 90010 040 ****50.00

DOCUMENT # L03000017887 1. Entity Name CABI RESTAURANTS, LLC					
Principal Place of Business 20803 BISCAYNE BLVD., SUITE 405 MIAMI, FL 33180			Mailing Address 20803 BISCAYNE BLVD., SUITE 405 MIAMI, FL 33180		
2. Principal Place of Business Suite, Apt. #, etc.:			3. Mailing Address Suite, Apt. #, etc.:		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FBI Number NOT APPLICABLE TO LLC	
5. Certificate of Status Desired: ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146				7. Name and Address of New Registered Agent 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME 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:			Hector Torres Director 6/11/04 305-466-1810		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					