## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L03000034315

1. Entity Name HUA RESTAURANT GROUP, LLC



**FILED** 

Mar 27, 2007 8:00 am Secretary of State 03-27-2007 90203 009 \*\*\*\*50.00

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Principal Place			Mailing Address 19149 SKYRIDGE CIRCLE			•	<b>ነሀሀ</b> ሬጋ ( ዓ ሩ	•			
BOCA RATON, FL 33484			BOCA RATON, FL 33484						ne 1981 (1881 8))	BRI III 1880	
2. Principal Pl	lace of Busines	ss - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03222007	Chg-LLC	CR2E0	83 (12/06)		
City & State			City & State			4. FEI Numbe			————	plied For t Applicable	
Zìp		Country	Zip	Zip Country			of Status Desired		\$5.00 Add Fee Required	itional	
	6. Name a	nd Address of Current	Registered Agent	egistered Agent			7. Name and Address of New Registered Agent				
					Name						
	/RIDGE CIP			Street Address			(P.O. Box Number is Not Acceptable)				
BOCA RA	TON, FL 33	3484									
					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 Signature: typed or printed name of registered agent and bits if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
Fi Do	iling Fee is ue by May	\$50.00 1, 2007						e check p Departm	ayable to ent of State	3	
9.		MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE	MGRM		☐ Delete	TITL					[] Change	Addition	
NAME	HUA, SAM	•	_ 00.00	NAN							
STREET ADDRESS	6130 VIA V	ENETIA SOUTH		STRE							
CITY-ST-ZIP	DELRAY B	EACH, FL 33484		CIT	Y-ST-ZIP						
TITLE	MGRM		☐ Delete	TITL	£				Change	☐ Addition	
NAME:	LEE, LINH			NAM	_						
STREET ADDRESS	19149 SKY			EET ADDRESS							
CITY-ST-ZIP	BOCA RAT	ON, FL 33484		CITY	Y-ST-ZIP						
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STREET ADDRESS				- 1	Y-ST-ZIP						
CITY-ST-ZIP	1				ined in Observation	Florida Statutas 15	wthor acres	what the inf-	rmation		
11 Iboroby	cortify that the	intermetion supplied wi	th this filing does not qualify for	or the exi	emintions contai	ined in Unanter 119.	riorida Statutes, I fi	a mer certit	v inai ine inic	andanion	

11. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Horida Statutes. I turner 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 MARAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Dautime Phone #