2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000034315

1. Entity Name HUA RESTAURANT GROUP, LLC

Principal Place of Business

19149 SKYRIDGE CIRCLE

BOCA RATON, FL 33484



Mailing Address

19149 SKYRIDGE CIRCLE BOCA RATON, FL 33484

FILED Apr 10, 2008 08:00 A Secretary of State



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03312008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0226242

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered abent and title if applicable

LEE, LINH 19149 SKYRIDGE CIRCLE BOCA RATON, FL 33484

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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.	•
9	NONATURE	

(NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUA, SAM 6130 VIA VENETIA SOUTH DELRAY BEACH, FL 33484 MGRM
NAME STREET ADDRESS CITY-ST-ZIP	LEE, LINH 19149 SKYRIDGE CIRCLE BOCA RATON, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11 hereby r	certify that the information supplied with this filing does not qualify for the e

DATE

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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 #