

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90078 043 *****55.00

DOCUMENT # L03000037939

1. Entity Name

THE DELRAY GARAGE CAFE, LLC



Principal Place of Business

477 S.W. 1ST STREET
BOCA RATON FL 33432

Mailing Address

477 S.W. 1ST STREET
BOCA RATON FL 33432

2. Principal Place of Business

600 North Congress Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

City & State
Delray Bch. Fla.

Zip Country
33445 USA

6. Name and Address of Current Registered Agent

CIERI, ROBERT A
477 S.W. 1ST STREET
BOCA RATON FL 33432

4. FEI Number

83-0372487

Applied For

Not Applicable

5. Certificate of Status Desired.

☒ \$5.00 Additional
Fee Required

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CIERI, ROBERT A
STREET ADDRESS 477 S.W. 1ST STREET
CITY-ST-ZIP BOCA RATON FL 33433

☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

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

8/9/04 561-278-5554

Date

Daytime Phone #