

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000038473

**FILED**  
**Oct 20, 2004**  
**Secretary of State**

**Entity Name:** STRATEGIC RESTAURANT CONCEPTS, LLC

**Current Principal Place of Business:**

764 GRAND PARKE DRIVE  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

764 GRAND PARKE DRIVE  
JACKSONVILLE, FL 32259 US

**Current Mailing Address:**

764 GRAND PARKE DRIVE  
JACKSONVILLE, FL 32259

**New Mailing Address:**

764 GRAND PARKE DRIVE  
JACKSONVILLE, FL 32259 US

**FEI Number:** 56-2416569      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CIESLINSKI, RICHARD M  
764 GRAND PARKE DRIVE  
JACKSONVILLE, FL 32259 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: CIESLINSKI, RICHARD M  
Address: 764 GRAND PARKE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32259

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RICHARD M. CIESLINSKI

PRES

10/20/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date