

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-13-2004 90333 031 ****50.00

DOCUMENT # L03000055055

1. Entity Name

UNIVERSITY GRILLED CHICKEN, LLC



Principal Place of Business

3333 SW 34TH STREET
SUITE 1
GAINESVILLE FL 32608
US

Mailing Address

4468 VIENNA WOODS WAY
GAINESVILLE FL 32605
US

34004440



MOORE CR2E083 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

92-0180401

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAIER, FRANK P. ESQ.
4041 NW 37TH PLACE
SUITE B
GAINESVILLE FL 32606

*012
RA*

7. Name and Address of New Registered Agent

Name *Kent Crutcher RA*
Street Address (P.O. Box Number is Not Acceptable)
4534 SW 105TH DR. RA
City *Gainesville RA* FL *32608*

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 May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ALLEN, RAY F JR.	
STREET ADDRESS	4468 VIENNA WOODS WAY	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ALLEN, MICHAEL R	
STREET ADDRESS	4468 VIENNA WOODS WAY	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	AMERSON, PAT	
STREET ADDRESS	5128 NW 47TH LANE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	C. I. G., INC.	
STREET ADDRESS	4534 SW 105TH DRIVE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

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

Date

Daytime Phone #

4-10-04 352-258-5387