2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000011741

1. Entity Name
ART BAR OF FORT LAUDERDALE, LLC

FILED
Jul 22, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
300 SW 1ST AVE FORT LAUDERDALE, FL 33301	300 SW 1ST AVE FORT LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

07112008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
03-0536839	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NEIWIRTH, ARTHUR C ESQ.
401 EAST LAS OLAS BLVD.
STE 1650
FORT LAUDERDALE, FL 33301

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IN THIS SPACE

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 $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U000000955945
07/22/08-80013-005 ,138.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PRIFITERA, ANTHONY
STREET ADDRESS	300 SW 1ST AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Anthony Prifitera_   7/18/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #