

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000042934

FILED
Apr 07, 2006
Secretary of State

Entity Name: KLUB KUTTER'S BAR & LOUNGE, LLC

Current Principal Place of Business:

C/O THELMA D. MURPHY
2481 SW 8TH STREET
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

C/O THELMA D. MURPHY
215 SW 27TH AVENUE
FT. LAUDERDALE, FL 33312

Current Mailing Address:

C/O THELMA D. MURPHY
2481 SW 8TH STREET
FT. LAUDERDALE, FL 33312

New Mailing Address:

C/O THELMA D. MURPHY
215 SW 27TH AVENUE
FT. LAUDERDALE, FL 33312

FEI Number: 20-1252643 **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:

LANIER, TIFFANY J ESQ.
1119 S.E. 3RD AVENUE
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

OTHEL, TURNER
5787 WEST SUNRISE BLVD
PLANTATION, FL 33313 US

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: OTHEL TURNER

04/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MURPHY, THELMA D
Address: 2481 SW 8TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33312

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 Chapter 119, 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: THELMA MURPHY

MGRM

04/07/2006

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