

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000064046

Entity Name: CHOPS, LLC

FILED
Feb 07, 2006
Secretary of State

Current Principal Place of Business:

7997 WOODPECKER TRAIL
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7997 WOODPECKER TRAIL
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 34-2027736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRODER, BRUCE
7997 WOODPECKER TRAIL
JACKSONVILLE, FL 32256 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: BRUCE BRODER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BRODER, BRUCE
Address: 7997 WOODPECKER TRAIL
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR () Delete
Name: BRODER, DEBORAH
Address: 7997 WOODPECKER TRAIL
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

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

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: BRUCE BRODER

PRES

02/07/2006

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