

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000069425

Entity Name: CHOPS BY MARTINI'S, LLC

FILED
May 07, 2007
Secretary of State

Current Principal Place of Business:

1815 SOUTH RIDGEWOOD AVE.
SOUTH DAYTONA, FL 32119

New Principal Place of Business:

Current Mailing Address:

1815 SOUTH RIDGEWOOD AVE
SOUTH DAYTONA, FL 32119

New Mailing Address:

FEI Number: 20-1655924 **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:

Name and Address of New Registered Agent:

BUTTERS, DAVID
821 GEORGE HECKER DRIVE
SOUTH DAYTONA, FL 32119 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: DAVID PIERRE BUTTERS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BUTTERS, DAVID
Address: 101 BAY STREET
City-St-Zip: DAYTONA BEACH, FL 32114

Title: MGRM () Delete
Name: BUTTERS, CLAUDIA
Address: 101 BAY STREET
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BUTTERS, DAVID
Address: 821 GEORGE HECKER DR
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: MGRM (X) Change () Addition
Name: BUTTERS, CLAUDIA
Address: 821 GEORGE HECKER DR
City-St-Zip: SOUTH DAYTONA, FL 32119

I hereby certify that the information supplied with this filing does not qualify 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: DAVID PIERRE BUTTERS

PRES

05/07/2007

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