

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90020 030 ***138.75

DOCUMENT # L05000006690

1. Entity Name
KNR RESTAURANT GROUP, LLC



60031195



Principal Place of Business
~~C/O MARC H. AUERBACH, ESQ.~~
~~201 S. BISCAYNE BLVD., SUITE 2000~~
~~MIAMI, FL 33131~~

Mailing Address
~~C/O MARC H. AUERBACH, ESQ.~~
~~201 S. BISCAYNE BLVD., SUITE 2000~~
~~MIAMI, FL 33131~~

2. Principal Place of Business - No P.O. Box #
1691 MICHIGAN AVE
Suite, Apt. #, etc.
SUITE 325

3. Mailing Address
1691 MICHIGAN AVE
Suite, Apt. #, etc.
SUITE 325

04252008 Chg-LLC CR2E083 (12/06)

City & State
MIAMI BEACH, FL
Zip
33139 Country
DADE

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MIAMI BEACH, FL
Zip
33139 Country
DADE

4. FEI Number
20-2215531

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~AUERBACH, MARC H. ESQ.~~
~~201 S. BISCAYNE BLVD., SUITE 2000~~
~~MIAMI, FL 33131~~

7. Name and Address of New Registered Agent

Name
DEBORAH K. GILBERT-LYTTLE, CFO
Street Address (P.O. Box Number is Not Acceptable)
1691 MICHIGAN AVE
SUITE 325
City
MIAMI BEACH FL Zip Code
33139

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

Deborah K. Gilbert-Little, CFO

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

04/25/08

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SIEKALY, RONY
2060 N BAY RD
MIAMI BEACH, FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MASRI, KARIM
114 FIRST RIVO ALTO TERR
MIAMI BEACH, FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCHON, NICOLA
VIA SHAFFI 26
MILAN, ITALY, 20123 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SIERVO, NICOLA
300 EUCLID AVE, # 106
MIAMI BEACH, FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

04/25/08

DATE

305-695-0288

DAYTIME PHONE #