2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 17, 2009
Secretary of State

DOCUMENT# L05000030221

Entity Name: RIGA RESTAURANT CONCEPTS L.L.C.

Current Principal Place of Business:

5963 W HILLSBORO BLVD
SUITE B
PARKLAND, FL 33067

New Principal Place of Business:

Current Mailing Address:

8253 WELLINGTON VIEW DR
WEST PALM BEACH, FL 33411

New Mailing Address:

8753 WELLINGTON VIEW DR
WEST PALM BEACH, FL 33411

FEI Number: 20-2479845 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

GAVILANES, AUDREY
8753 WELLINGTON VIEW DR
WEST PALM BEACH, FL 33411 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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: TRADIA, ROSARIO
Address: 5963 W HILLSBORO BLVD
City-St-Zip: POMPANO BEACH, FL 33067

Title: MGRM ( ) Delete
Name: GAVILANES, AUDREY M
Address: 8753 WELLINGTON VIEW DR
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: TROIA, ROSARIO
Address: 5963 W HILLSBORO BLVD
City-St-Zip: POMPANO BEACH, FL 33067

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

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: AUDREY GAVILANES M 08/17/2009

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