

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AK)

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000044522

1. Entity Name

SIMBO'S RESTAURANT, LLC



Principal Place of Business

Mailing Address

2005 W. WAUKESHA STREET
BONIFAY FL 32425

2005 W. WAUKESHA STREET
BONIFAY FL 32425



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-2740228

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMS, EARNEST M
1751 SIMS BLVD.
BONIFAY FL 32425

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME SIMS, BETTY L
STREET ADDRESS 102 S. WAUKESHA STREET
CITY-ST-ZIP BONIFAY FL 32425

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000626548
CITY-ST-ZIP 02/15/07-80024-019 150.00

TITLE MGRM ☐ Delete
NAME SIMS, ERNEST M
STREET ADDRESS 1751 SIMS BLVD.
CITY-ST-ZIP BONIFAY FL 32425

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

TITLE MGRM ☐ Delete
NAME HOWELL, ANTHONY
STREET ADDRESS 1008 S. WAUKESHA STREET
CITY-ST-ZIP BONIFAY FL 32425

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

TITLE MGRM ☐ Delete
NAME HOWELL, TERRY
STREET ADDRESS 1008 S. WAUKESHA STREET
CITY-ST-ZIP BONIFAY FL 32425

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Betty L Sims

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

Date

Daytime Phone #

02-05-07 854 547 9600