

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 02, 2007 08:00 AM
Secretary of State**

DOCUMENT # L05000080251

1. Entity Name
MOE'S SOUTHWEST GRILL CROSSROADS, LLC



Principal Place of Business
**2683 ROOSEVELT ROAD
LARGO, FL 33764 US**

Mailing Address
**6020 WINTHROP TOWN CENTRE AVENUE
RIVERVIEW, FL 33569 US**



01082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3302039

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FRIEL, ANTONY G
6020 WINTHROP TOWN CENTRE AVENUE
RIVERVIEW, FL 33569**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DISSER, MICHAEL D
STREET ADDRESS	6020 WINTHROP TOWN CENTRE
CITY - ST - ZIP	RIVERVIEW, FL 33569
TITLE	MGRM
NAME	FRIEL, ANTONY G
STREET ADDRESS	6020 WINTHROP TOWN CENTRE AVENUE
CITY - ST - ZIP	RIVERVIEW, FL 33569
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000685763
04/03/07-80018-021 50.00

**DO NOT WRITE
IN THIS SPACE**

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: *Antony Griel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/21/07
Date

Daytime Phone #