

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000084931

Entity Name: CASCADE CARIBBEAN RESTAURANT L.L.C.

FILED
Dec 09, 2006
Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

4944 10TH AVE. NORTH
GREENACRES, FL 33463

Current Mailing Address:

New Mailing Address:

4944 10TH AVE. NORTH
GREENACRES, FL 33463

FEI Number: 20-3414121 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PIERRE, VALLIERE
4944 10TH AVE. NORTH
GREENACRES, FL 33463 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: VALIERE PIERRE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P () Change (X) Addition
Name: PIERRE, VALIERE
Address: 4944 10TH AVE NORTH
City-St-Zip: GREENACRES, FL 33463

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: VALIERE PIERRE

P

12/09/2006

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