

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000084931

**FILED**  
**Dec 09, 2006**  
**Secretary of State**

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

**Current Principal Place of Business:**

4944 10TH AVE. NORTH  
GREENACRES, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

4944 10TH AVE. NORTH  
GREENACRES, FL 33463

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

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

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