

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000085206

Entity Name: BLB RESTAURANTS LLC

FILED
Nov 05, 2008
Secretary of State

Current Principal Place of Business:

12911 TAR FLOWER DR.
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

12911 TAR FLOWER DR.
TAMPA, FL 33626

New Mailing Address:

FEI Number: 42-1675990 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

BRODY, MICHAEL
12706 PRINCEWOOD CT
TAMPA, FL 33626 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: MICHAEL BRODY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: BLALOCK, ROBERT
Address: 11511 WHISPERING HOLLOW DRIVE
City-St-Zip: TAMPA, FL 33635

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

Title: MGRM () Delete
Name: BRODY, MICHAEL
Address: 12706 PRINCEWOOD COURT
City-St-Zip: TAMPA, FL 33626

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

Title: MGRM () Delete
Name: LOTT, ANTHONY
Address: 12911 TAR FLOWER
City-St-Zip: TAMPA, FL 33626

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: ANTHONY LOTT

MGRM

11/05/2008

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