## 2006 LIMITED LIABILITY COMPANY

## Jul 18, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L05000088054 07-18-2006 90006 042 \*\*\*\*55.00 CHIHUAHUA MEXICAN GRILL LLC Principal Place of Business Mailing Address 4101 S MACDILL AVE 4101 S MACDILL AVE **TAMPA, FL 33611** TAMPA, FL 33611 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07132006 Chg-LLC CR2E083 (11/05) Applied For 4. FEI Number City & State City & State 51-0550907 Not Applicable \$5.00 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HERNANDEZ, YAZMIN Street Address (P.O. Box Number is Not Acceptable) 4101 S MACDILL AVE TAMPA, FL 33611 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by September 6, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM ☐ Delete IIILE ☐ Change ☐ Addition TTTLE HERNANDEZ, YAZMIN NAME NAME STREET ADDRESS PO BOX 3203 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA, FL 33601** MGRM Delete ☐ Change ☐ Addition TITLE NAME PITCHER, ANA NAME STREET ADDRESS 4101 S MACDILL AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33611 MGRM ☐ Delete TITLE ☐ Change ☐ Addition TITLE MENDEZ, EDGAR NAME STREET ADDRESS 4101 S MACDILL AVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33611 CITY-ST-ZIP TITLE **MGRM** ☐ Delete ☐ Change ☐ Addition BURRELL, CARMEN NAME NAME 4101 S MACDILL AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33611 CITY-ST-ZIP TITLE MGRM ☐ Delete ☐ Change ■ Addition GARCIA, ADELFA NAME NAME 4101 S MACDILL AVE STREET ADDRESS STREET ADDRESS TAMPA, FL 33611 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS CITY-ST-ZIP

FILED