

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000098352

Entity Name: ONE ELEVEN GRILL, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

307 S.W. PINCKNEY STREET
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

307 S.W. PINCKNEY STREET
MADISON, FL 32340

New Mailing Address:

FEI Number: 20-3879784 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:

O'TOOLE, PATRICK M
307 S.W. PINCKNEY STREET
MADISON, FL 32340 US

Name and Address of New Registered Agent:

O'TOOLE, PAMELA M
307 S.W. PINCKNEY STREET
MADISON, FL 32340 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: PAMELA M. O'TOOLE

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: O'TOOLE, PATRICK M
Address: 307 S.W. PINCKNEY STREET
City-St-Zip: MADISON, FL 32340

Title: MGRM (X) Delete
Name: O'TOOLE, PAMELA M
Address: 307 S.W. PINCKNEY STREET
City-St-Zip: MADISON, FL 32340

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: O'TOOLE, PAMELA M
Address: 307 S.W. PINCKNEY STREET
City-St-Zip: MADISON, FL 32340

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: PAMELA M. O'TOOLE

MGRM

04/30/2009

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