

DOCUMENT # L06000003446

1. Entity Name

LOOE KEY TIKI RESTAURANT, LLC



Principal Place of Business

MM 27.5, U.S. HWY. 1  
RAMROD KEY, FL 33042

Mailing Address

1901S. TAMAMI TRAIL  
SUITE A  
VENICE, FL 34293

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**



03182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
20-4099045

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

EABLES, PATRICIA A  
608 WHITEHEAD STREET  
KEY WEST, FL 33040

DO NOT WRITE  
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CLOUTIER, JACQUES  
1901 S. TAMAMI TRAIL, SUITE A  
VENICE, FL 34293

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000386672  
04/03/08-80036-019 138.75

DO NOT WRITE  
IN THIS SPACE

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.

SIGNATURE:

*Kelly Holroyd*  
KELLY HOLROYD

3/18/08 305-872-2215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #