

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000019530

1. Entity Name
HALL OF SPORTS GRILL, L.L.C.



FILED

07 OCT 18 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10501 NW 10TH STREET
PEMBROKE PINES, FL 33026

Mailing Address
10501 NW 10 STREET
PEMBROKE PINES, FL 33026

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10042007 Chg-LLC CR2E083 (12/06)

4. FEI Number
APPLIED FOR 20-4380-138

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OWENS, SCOTT D ESQ.
C/O COHEN & OWENS, P.A.
2241 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020

Name
The Hall of Business

Street Address (P.O. Box Number is Not Acceptable)
10501 NW 10th Street

City
Pembroke Pines, FL Zip Code
33026

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)

10/10/07

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CEO
HAMM, TIFFANIE N
2305 N.W. 95TH STREET
MIAMI, FL 33147

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
Hamm, Tiffanie
2305 NW 95th Street
Miami, FL 33147

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
FYE, JEFFREY R
981 NW 34TH AVE
FORT LAUDERDALE, FL 33311

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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5001110332036
10/22/07--01010--008 **\$55.00

☒ Change ☐ Addition

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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:

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

10/10/07

Date

954-410-4705

Daytime Phone #