

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000041335

1. Entity Name
RESTAURANT CONCEPTS & VENTURES, LLC



FILED

07 MAY 23 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05102007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-8437655

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CETRARO, OSCAR
15295 S.W. 107TH LANE
1012
MIAMI, FL 33196

7. Name and Address of New Registered Agent

Name
Alvaro Castillo B., P.A.
Street Address (P.O. Box Number is Not Acceptable)
1390 Brickell Avenue, Suite 200
City
Miami, FL Zip Code
33131

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] DATE 5-11-07
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SECOND WIND HOLDINGS, LLC
1101 BRICKELL AVE, SUITE 1102 NORTH TOWER
MIAMI, FL 33131 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000103737850
06/01/07--01055--016 **50.00

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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] DATE 5-11-07 (505) 371-5540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #