## May 14, 2008 8:00 am Secretary of State 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT DOCUMENT # L06000065097** 05-14-2008 90079 047 \*\*\*138.75 1. Entity Name CITY GRILL, LLC Principal Place of Business Mailing Address 60041004 128 SOUTH HIGHLAND AVE. 128 SOUTH HIGHLAND AVE. APOPKA, FL 32703 APOPKA, FL 32703 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 20-5280690 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required-7. Name and Address of New Registered Agent 6.5 Name and Address of Current Registered Agent TEORGE HAKIM KEUDAISH, PHIL Street Address (P.O. Box Number is Not Acceptable) 320 WEST SABLE PL LONGWOOD, FL 32779 DODICA 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 ill applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. GEORGE HACIM TR. MGRM ☐ Change TITLE ☐ Delete TITLE ☐ Addition HAKIM, GEORGE NAME NAME 128 SOUTH HIGHLAND AVE. STREET ADDRESS STREET ADORESS CITY-ST-ZIP APOPKA, FL 32703 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Channe ☐ Addition THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME

**FILED** 

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

STREET ADDRESS

CITY-ST-ZIP

George HAK in JR. 4/3/08/07-884-4980 GNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE