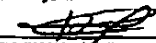


FILED
Jun 19, 2007 8:00 am
Secretary of State

05-01-2007 90315 039 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000073013			
1. Entity Name CHORY RESTAURANT, LLC			
Principal Place of Business 13302 NW 1ST TERRACE MIAMI, FL 33182		Mailing Address 13302 NW 1ST TERRACE MIAMI, FL 33182	
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
4. Name and Address of Current Registered Agent CORREA, DIANELYS L 13302 NW 1ST TERRACE MIAMI, FL 33182		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required 6. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  DATE _____ Signature, type or printed name of Registered agent and date of application (NOTE: Registered Agent signature is required on all filings)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORREA, DIANELYS L 13302 NW 1ST TERRACE MIAMI, FL 33182 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Asisten Manager) ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jua ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SI Juan Amador ☐ Change ☒ Addition 8821 SW 40 ST MIAMI FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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 606, Florida Statutes.			
SIGNATURE: 		03/03/07/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	

30011001



760-83-3398
03192007 Chg.-LLC CR2E083 (12/08)

FEI Number 760-83-3398 Applied For Not Applicable