

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90029 031 ****50.00

DOCUMENT # L06000080885

1. Entity Name

RESTAURANT 160, LLC



Principal Place of Business

250 ROYAL PALM WAY
PALM BEACH FL 33480

Mailing Address

250 ROYAL PALM WAY
PALM BEACH FL 33480

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. FEI Number

20-5387969

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

EVANS, LESLIE R
214 BRAZILIAN AVENUE, SUITE 200
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

Robert V. Matthews

Street Address (P.O. Box Number is Not Acceptable)

250 Royal Palm Way

Suite 300

City

Palm Beach FL

Zip Code

33480

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 \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME MATTHEWS, ROBERT V
STREET ADDRESS 250 ROYAL PALM WAY
CITY-ST-ZIP PALM BEACH FL 33480

TITLE MGR ☐ Delete
NAME GUERRIERI, CHARLES SCOTT
STREET ADDRESS 250 ROYAL PALM WAY
CITY-ST-ZIP PALM BEACH FL 33480

TITLE MGR ☐ Delete
NAME CLARK, JOSEPH
STREET ADDRESS 250 ROYAL PALM WAY
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Robert V. Matthews

4/26/07

Date

561-659-2232

Registered Phone #