2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State
02-27-2007 90084 022 ****50.00

1st MOORE CR2E083 (10/06)

DOCUMENT # L06000084913

1. Entity Name
KENT'S SPORTS BAR/CAFE LLC

Principal Place of Business	Mailing Address
171-173 SUNNY ISLES BLVD SUNNY ISLES BEACH FL 33160	171-173 SUNNY ISLES BLVD SUNNY ISLES BEACH FL 33160

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 205521854 ☐ 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
STRATTON, DOUGHLES D ESQ 407 LINCOLN ROAD STE 2A MIAMI BEACH FL 33139	Name Kent Fleischman Street Address (P.O. Box Number is Not Acceptable) 6538 Collins Ave. #252 City Miami Beach FL Zip Code 33141

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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLEISCHMAN, KENT 171-173 SUNNY ISLES BLVD SUNNY ISLES BEACH FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLEISCHMAN, LAURA 171-173 SUNNY ISLES BLVD SUNNY ISLES BEACH FL 33160	☐ 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
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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 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] MGRM Kent Fleischman 2-20-07 305-299-5132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #