

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L06000088228

1. Entity Name

SOMEPLACE RESTAURANT LAKE PARK, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUN 15 PM 12:04

Principal Place of Business

65 SPANISH RIVER DRIVE  
OCEAN RIDGE FL 33435

Mailing Address

65 SPANISH RIVER DRIVE  
OCEAN RIDGE FL 33435

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

1st MOORE

CR2E083 (10/06)

4. FEI Number

20 5521684

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

M & W AGENTS, INC.  
2101 CORPORATE BOULEVARD, SUITE 107  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

Christiane Francois

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

65 Spanish River Drive

City

Ocean Ridge, FL 33435

FL

Zip Code

33435

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

Christiane Francois

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PVPTS  
CHRISTIANE FRANCOIS add  
65 Spanish River Dr.

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Ocean Ridge  
Florida 33435

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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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:

Christiane Francois

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #