

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2008 8:00 am
Secretary of State

08-08-2008 90034 030 ***538.75

DOCUMENT # L06000094835

1. Entity Name
S.A.M. GRILL, LLC



Principal Place of Business
17950 SW 285TH STREET
HOMESTEAD, FL 33030

Mailing Address
17950 SW 285TH STREET
HOMESTEAD, FL 33030

50009217



2. Principal Place of Business - No P.O. Box #
36650 SW 285 ST
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

07232008 Chg-LLC CR2E083 (12/06)

City & State
Homestead

City & State

4. FEI Number
20-5615593

Applied For
Not Applicable

Zip
33034

Country
DADE

Zip

Country

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

JONES, JOANNE
17950 SW 285TH STREET
HOMESTEAD, FL 33030

Name
Salvatore Musumeci
Street Address (P.O. Box Number is Not Acceptable)
17950 SW 285 ST
City
Homestead FL Zip Code
33030

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 Joanne M Jones
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MUSUMECI, SALVATORE A
36650 SW 192ND AVENUE
HOMESTEAD, FL 33034 ☐ Delete

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 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.

SIGNATURE: Joanne M Jones

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

7/23/08
Date

305-245-10457
Daytime Phone #