

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 12, 2007 8:00 am
Secretary of State

01-17-2007 90009 043 ****50.00

DOCUMENT # L06000098111 1. Entity Name FIFTH AVENUE GRILL, LLC					
Principal Place of Business 900 EAST ATLANTIC AVENUE SUITE 12 DELRAY BEACH, FL 33483			Mailing Address 900 EAST ATLANTIC AVENUE SUITE 12 DELRAY BEACH, FL 33483		
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 65-0087826	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PERRY, MARK A ESQ. 50 SE 4TH AVENUE DELRAY BEACH, FL 33483			7. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 THERIEN, JOHN 900 EAST ATLANTIC AVENUE, SUITE 12 DELRAY BEACH, FL 33483	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASSTMGR CLAIRE THERIEN 900 E. ATLANTIC AVE. #12 DELRAY BEACH, FL 33483	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete			
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: <u>JOHN THERIEN</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date 1-10-07 Daytime Phone # 561 278 0356					

