

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L06000121248

1. Entity Name
SUSHIWORKS, LLC



Principal Place of Business

8005 N.W. 90 STREET
MEDLEY, FL 33165

Mailing Address

8005 N.W. 90 STREET
MEDLEY, FL 33165



03102008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-8071415

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NG, ABE
8005 N.W. 90 STREET
MEDLEY, FL 33165

**DO NOT WRITE
IN THIS SPACE**

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

04/17/08-80017-011 138.75

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NG, ABE
8005 N.W. 90 STREET
MEDLEY, FL 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NG, ALLAN
8005 N.W. 90 STREET
MEDLEY, FL 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NG, BETTY
8005 N.W. 90 STREET
MEDLEY, FL 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NG, IVA
8005 N.W. 90 STREET
MEDLEY, FL 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone

3/31/08 305 884 6851