
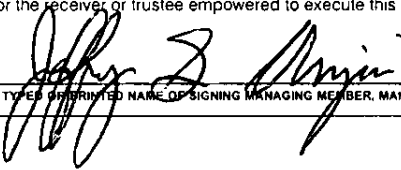


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90081 011 ***138.75

DOCUMENT # L07000019853			
1. Entity Name PROMENADE GRILL AND WINGS, LLC			
Principal Place of Business 2202 SE VETERANS MEMORIAL PARKWAY PORT ST. LUCIE, FL 34952-4873		Mailing Address 336 SE JADE CIRCLE JENSEN BEACH, FL 34957	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2202 SE Veterans Mem. Pkwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Port. St. Lucie, FL	
Zip	Country	Zip 34952	Country USA
6. Name and Address of Current Registered Agent ONE CASA CORPORATION 10 NORTH SEWALLS POINT ROAD STUART, FL 34996		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 _____			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRGM ONE CASA CORPORATION 10 NORTH SEWALLS POINT ROAD STUART, FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 7/16/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

50008640



07152008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-8484139** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required