

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000019853

FILED
Apr 22, 2009
Secretary of State

Entity Name: PROMENADE GRILL AND WINGS, LLC

Current Principal Place of Business:

2202 SE VETERANS MEMORIAL PARKWAY
PORT ST. LUCIE, FL 349524873

New Principal Place of Business:

Current Mailing Address:

2202 SE VETERANS MEMORIAL PARKWAY
PORT ST. LUCIE, FL 349524873

New Mailing Address:

FEI Number: 20-8484139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ONE CASA CORPORATION
10 NORTH SEWALLS POINT ROAD
STUART, FL 34996 US

Name and Address of New Registered Agent:

ONE CASA CORPORATION
1501 OUTRIGGER LANDINGS DR #B1
JENSEN BEACH, FL 34957 US

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.

SIGNATURE:

04/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MRGM () Delete
Name: ONE CASA CORPORATION
Address: 10 NORTH SEWALLS POINT ROAD
City-St-Zip: STUART, FL 34996

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MRGM (X) Change () Addition
Name: ONE CASA CORPORATION
Address: 1501 OUTRIGGERS LANDING DR #B1
City-St-Zip: JENSEN BEACH, FL 34957

Title: MGRM () Change (X) Addition
Name: MY CIRCLE INC
Address: 2222 SE VETERANS MEMORIAL PKWY
City-St-Zip: PORT SAINT LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFF ARRIGONI

MGRM

04/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date