

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000021701

FILED
Dec 22, 2009
Secretary of State

Entity Name: STAR'S CARIBBEAN RESTAURANT, LLC

Current Principal Place of Business:

1901 BLANDING BLVD
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

1901 BLANDING BLVD
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 20-8529723 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KEYSTONE LAW GROUP, P.L.
1665 KINGSLEY AVENUE
SUITE 108
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

STAPLES, EULALEE MGR
1901 BLANDING BLVD
JACKSONVILLE, FL 32210 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: EULALEE STAPLES

12/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STAPLES, EULALEE
Address: 5615 SEABOARD AVE., APT #5
City-St-Zip: JACKSONVILLE, FL 32244

Title: MGRM () Delete
Name: JOHNSON, NARDALEE
Address: 5615 SEABOARD AVE., APT #30
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EULALEE STAPLES

MGR

12/22/2009

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