

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90075 030 ***138.75

DOCUMENT # L07000023722

1. Entity Name
EL TARASCO MEXICAN RESTAURANT, LLC



Principal Place of Business
**675 WEST HICKPOOCHEE AVENUE
LABELLE, FL 33935 US**

Mailing Address
**675 WEST HICKPOOCHEE AVENUE
LABELLE, FL 33935 US**

60008847



02112008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-8562484** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GARCIA, SALVADOR
675 WEST HICKPOOCHEE AVENUE
LABELLE, FL 33935**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **JIMENEZ, JOSE J**
STREET ADDRESS **35 HIGH TOP LANE**
CITY-ST-ZIP **ANDREWS, NC 28901**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **GARCIA, SALVADOR**
STREET ADDRESS **68 PISGAH ROAD**
CITY-ST-ZIP **ANDREWS, NC 28901**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **JIMENEZ, GILBERTO**
STREET ADDRESS **68 PISGAH ROAD**
CITY-ST-ZIP **ANDREWS, NC 28901**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **JIMENEZ, JUAN C**
STREET ADDRESS **71 NELSON WALDROOP ROAD**
CITY-ST-ZIP **FRANKLIN, NC 28734**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

02-14-08 863-612-5816