

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033369

Entity Name: L. G. RESTAURANT GROUP, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

2543-1 COUNTRYSIDE BLVD
CLEARWATER, FL 33761 US

New Principal Place of Business:

Current Mailing Address:

2165 SUNNYDALE BLVD
SUITE I
CLEARWATER, FL 33765 US

New Mailing Address:

309 S GULFVIEW BLVD
CLEARWATER, FL 33767 US

FEI Number: 20-8781871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOX, GREGORY A
28050 U.S. HIGHWAY 19 NORTH
SUITE 100
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

HASON, LIOR L
309 S GULFVIEW BLVD
CLEARWATER, FL 33767 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: LIOR HASON

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HASON, LIOR
Address: 309 S. GULFVIEW BLVD.
City-St-Zip: CLEARWATER BEACH, FL 33761 US

Title: MGRM () Delete
Name: HOBBY, GERALD
Address: 309 S. GULFVIEW BLVD
City-St-Zip: CLEARWATER, FL 33767

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HASON, LIOR
Address: 309 S. GULFVIEW BLVD.
City-St-Zip: CLEARWATER BEACH, FL 33767 US

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: LIOR HASON

MGRM

04/30/2009

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