

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000091908

FILED
Apr 14, 2009
Secretary of State

Entity Name: REGENCY SPA CUISINE LLC

Current Principal Place of Business:

2000 SOUTH OCEAN DRIVE
SUITE 107
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

2000 SOUTH OCEAN DRIVE
SUITE 107
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 26-0866036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, STEVEN L ESQ.
9999 NE 2ND AVENUE
SUITE 216
MIAMI SHORES, FL 33138 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ZAR CAPITAL HOLDINGS LLC
Address: 205 SE 15 STREET
City-St-Zip: DANIA BEACH, FL 33004

Title: MGRM () Delete
Name: JBN PRODUCTIONS INC
Address: 4041 SW 72 DRIVE
City-St-Zip: DAVIE, FL 33314

Title: MGRM () Delete
Name: WALNIC MANAGEMENT CO INC
Address: 1950 SOUTH OCEAN DRIVE
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES:

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

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: RODNEY ARMOR

MGR

04/14/2009

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