

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000094920

**FILED**  
**Jan 23, 2012**  
**Secretary of State**

**Entity Name:** A FAMILY RESTAURANT L.L.C.

**Current Principal Place of Business:**

1500 OCEAN DR  
1001  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1500 OCEAN DR  
1001  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:** 74-3232813

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUGGERI, ROBERTO  
1500 OCEAN DR  
1001  
MIAMI BEACH, FL 33139 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:** P  
**Name:** RUGGERI, ROBERTO  
**Address:** 1500 OCEAN DR #1001  
**City-St-Zip:** MIAMI BEACH, FL 33139

**Title:** VP  
**Name:** RUGGERI, RAFFAELE  
**Address:** 1500 OCEAN DR #1001  
**City-St-Zip:** MIAMI BEACH, FL 33139

**Title:** VMGR  
**Name:** RUGGERI, JOLANDA  
**Address:** 1500 OCEAN DR #1001  
**City-St-Zip:** MIAMI BEACH, FL 33139

**Title:** VMGR  
**Name:** RUGGERI, CAROLINA  
**Address:** 1500 OCEAN DR #1001  
**City-St-Zip:** MIAMI BEACH, FL 33139

**Title:** VMGR  
**Name:** RUGGERI, ROSSELLA  
**Address:** 1500 OCEAN DR #1001  
**City-St-Zip:** MIAMI BEACH, FL 33139

I hereby 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:** ROBERTO RUGGERI

P

01/23/2012

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