

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000107959

**FILED**  
**Sep 01, 2010**  
**Secretary of State**

**Entity Name:** ADAM CNA RESTAURANT LLC

**Current Principal Place of Business:**

14185 BEACH BLVD.  
JACKSONVILLE, FL 32250

**New Principal Place of Business:**

10440 US 1 NORTH SAINT AUGUSTINE  
203  
SAINT AUGUSTINE, FL 32095

**Current Mailing Address:**

14185 BEACH BLVD.  
JACKSONVILLE, FL 32250

**New Mailing Address:**

806 BLACK CHERRY DR  
SAINT JOHNS, FL 32259

**FEI Number:** 26-1332027

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHAKIR, ABDELHAMID  
1843 IONIA SREET  
JACKSONVILLE, FL 32206 US

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

CHAKIR, ABDELHAMID  
806 BLACK CHERRY DR  
SAINT JOHNS, FL 32259 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: CHAKIR

09/01/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: NGR  
Name: CHAKIR, ABDELHAMID  
Address: 806 BLACK CHERRY  
City-St-Zip: SAINT JOHNS, FL 32259

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: CHAKIR

OWNE

09/01/2010

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