

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124828

FILED
May 22, 2008
Secretary of State

Entity Name: FLORIDA RESTAURANT MANAGEMENT COMPANY, LLC

Current Principal Place of Business:

466-468 ARTHUR GODFREY ROAD
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

466-468 ARTHUR GODFREY ROAD
MIAMI BEACH, FL 33140 US

New Mailing Address:

FEI Number: ☐ **FEI Number Applied For (X)** ☒ **FEI Number Not Applicable ()** ☐ **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MICHAEL I. BERNSTEIN, P.A.
1688 MERIDIAN AVENUE
SUITE 418
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: MGR () Delete
Name: SANDHAUS, ELISSA
Address: 4430 NAUTILUS DRIVE
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SANDHAUS, ELISSA
Address: 4430 NAUTILUS DRIVE
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: MGRM () Change (X) Addition
Name: BRAVMANN, SAM
Address: 3623 AVENUE L
City-St-Zip: BROOKLYN, NY 11210

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: ELISSA SANDHAUS

MGRM

05/22/2008

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