2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 01, 2009
Secretary of State

DOCUMENT# L08000019564

Entity Name: CILANTRO'S GRILL, LLC

Current Principal Place of Business:

3957 FLORIDA BLVD
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

501 57TH STREET
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 26-0748323 **FEI Number Applied For ( )** **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:

CHAFARDET, CATHERINE L
501 57TH STREET
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

GONDI, ALICIA M
501 57TH STREET
WEST PALM BEACH, FL 33407 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: ALICIA GONDI 09/01/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GONDI, ALICIA
Address: 2401 SW 1ST STREET
City-St-Zip: BOYNTON BEACH, FL 33435

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GONDI, ALICIA
Address: 501 57TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGR ( ) Change (X) Addition
Name: CHAFARDET, CATHERINE L
Address: 501 57TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

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: ALICIA GONDI MGRM 09/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date