ATX1

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 FEB 10 PM 2:00

DOCUMENT # L08000060934

1. Entity Name

MIYAKO JAPANESE RESTAURANT LLC

DO NOT WRITE IN THIS SPACE

300141896143
01/23/09--01054--020 **50.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6668 THOMASVILLE RD STE 9	
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: TALLAHASSEE, FL	City & State
Zip: 32312 / Country	Zip / Country

4. FEI Number: 26-2854429 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: PENG FEI LIU

Street Address (P.O. Box Number is Not Acceptable): 6668 THOMASVILLE RD STE #9

City: TALLAHASSEE **FL** Zip Code: 32312

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

02/12/09--01003--002 **93.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MANAGERS	TITLE	
NAME	PENG FEI LIU	NAME	
STREET ADDRESS	6668 THOMASVILLE RD STE #9	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	FF $138.75 OLS	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	**DO NOT WRITE**
TITLE		TITLE	
NAME		NAME	**IN THIS SPACE**
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: X _____ 1/15/09 339-285-0539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE. Date Daytime Phone #