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 _____

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

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 CHES	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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TITLE		TITLE	IN THIS SPACE
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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 Date 813-285-0539 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE