

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000098209

FILED
Aug 13, 2009
Secretary of State

Entity Name: MAX'S CAFE OF LAS VEGAS, LLC

Current Principal Place of Business:

3663 LAS VEGAS BOULEVARD SOUTH
LAS VEGAS, NV 89109

New Principal Place of Business:

3663 LAS VEGAS BOULEVARD SOUTH
620
LAS VEGAS, NV 89109

Current Mailing Address:

3663 LAS VEGAS BOULEVARD SOUTH
LAS VEGAS, NV 89109

New Mailing Address:

3663 LAS VEGAS BOULEVARD SOUTH
620
LAS VEGAS, NV 89109

FEI Number: 14-1936657 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:

SILVERBERG & WEISS, P.A.
2665 EXECUTIVE PARK DRIVE
SUITE #2
WESTON, FL 33331 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: P () Delete
Name: MULLEN, DANIEL
Address: 2665 SE 2ND STREET
City-St-Zip: POMPANO BEACH, FL 33062

Title: VP () Delete
Name: BLUM, RAYMOND
Address: 5000 RED ROCK STREET #169
City-St-Zip: LAS VEGAS, NV 89118

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RAY BLUM

VP

08/13/2009

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