

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000057342

**Entity Name:** TROPICAL RIBS II, LLC

**FILED**  
**Jan 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

12801 WEST SUNRISE BLVD.  
ROOM F215  
SUNRISE, FL 333175 US

**New Principal Place of Business:**

**Current Mailing Address:**

2999 NE 191ST STREET  
SUITE 805  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 27-2920537

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

M. KEITH MARSHALL, P.A.  
2999 NE 191ST STREET  
805  
AVENTURA, FL 33180 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  
**Name:** GOIHMAN, RICHARD  
**Address:** 2999 NE 191ST STREET #805  
**City-St-Zip:** AVENTURA, FL 33180 US

**Title:** MGR  
**Name:** LEVY, ABRAHAM  
**Address:** 2999 NE 191ST STREET #805  
**City-St-Zip:** AVENTURA, FL 33180 US

**Title:** MGRM  
**Name:** BENARROCH, DANIEL  
**Address:** 1604 WEEPING WILLOW WAY  
**City-St-Zip:** HOLLYWOOD, FL 33019 US

I hereby 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:** DANIEL BENARROCH

MGRM

01/23/2012

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