

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000098100

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Entity Name:** CASUAL DINING CABANA, LLC

**Current Principal Place of Business:**

7389 UNIVERSAL BLVD.  
SUITE 200  
ORLANDO, FL 32809 US

**New Principal Place of Business:**

**Current Mailing Address:**

3301 PONCE DE LEON BLVD.  
SUITE 200  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:** 27-3491074

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DIFALCO & FERNANDEZ, LLLP  
3301 PONCE DE LEON BLVD.  
SUITE 200  
CORAL GABLES, FL 33134 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:** MGRM  
**Name:** CASUAL DINING MANAGER, LLC  
**Address:** 3301 PONCE DE LEON BLVD., SUITE 200  
**City-St-Zip:** CORAL GABLES, FL 33134 US

**Title:** MGR  
**Name:** DIFALCO, CHRISTOPHE L  
**Address:** 3301 PONCE DE LEON BLVD., SUITE 200  
**City-St-Zip:** CORAL GABLES, FL 33134 US

**Title:** MGR  
**Name:** CLD, LLC  
**Address:** 2000 TOWERSIDE TERRACE, TOWER SUITE #6  
**City-St-Zip:** MIAMI, FL 33138 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:** CHRISTOPHE L DIFALCO

MGR

02/28/2012

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