

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000103689

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** THE FAMILY RESTAURANT, LLC

**Current Principal Place of Business:**

306 S.W. 10TH STREET  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

**Current Mailing Address:**

316 N.W. 12TH DR.  
BELLE GLADE, FL 33430

**New Mailing Address:**

**FEI Number:** 27-3601145

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOWDELL, ALBERT III  
316 N.W. 12TH DRIVE  
BELLE GLADE, FL 33430 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:** DOWDELL, ALBERT III  
**Address:** 316 N.W. 12TH DRIVE  
**City-St-Zip:** BELLE GLADE, FL 33430

**Title:** MGRM  
**Name:** DOWDELL, MARJORIE M  
**Address:** 316 N.W. 12TH DR  
**City-St-Zip:** BELLE GLADE, FL 33430

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:** ALBERT DOWDELL III

MGRM

04/30/2011

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