

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000005387

FILED
Apr 04, 2012
Secretary of State

Entity Name: BLU SUSHI-HALLANDALE, L.L.C.

Current Principal Place of Business:

13451 MCGREGOR BLVD., #23
FORT MYERS, FL 33919

New Principal Place of Business:

600 SILKS RUN
STE 1210
FORT MYERS, FL 33909

Current Mailing Address:

13451 MCGREGOR BLVD., #23
FORT MYERS, FL 33919

New Mailing Address:

13451 MCGREGOR BLVD.,
#32
FORT MYERS, FL 33919

FEI Number: 27-4708168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL, DOUGLAS E ESQ.
3949 EVANS AVENUE, STE. 206
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

VIDUSSI, DANA
1361 ROYAL PALM SQ BLVD
SUITE 1
FORT MYERS, FL 33919 US

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: DANA VIDUSSI

04/04/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: JONES, COURTNEY
Address: 13451 MCGREGOR BLVD., #32
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM
Name: SCHMID, PETER
Address: 13451 MCGREGOR BLVD., #32
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM
Name: MAK, KWOK W
Address: 13451 MCGREGOR BLVD., #32
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM
Name: MAK, KWOK P
Address: 13451 MCGREGOR BLVD., #32
City-St-Zip: FORT MYERS, FL 33919

Title: MRM
Name: WHITAKER, CHRISTOPHER
Address: 13451 MCGREGOR BLVD., #32
City-St-Zip: FORT MYERS, FL 33919

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: PETER SCHMID

MGRM

04/04/2012

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