2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000986

1. Entity Name
REST AREA, L.L.C.

FILED
00 MAR -8 PM 12:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

4/3/21

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~965 REEF LANE~~	~~P.O. BOX 8171~~
~~VERO BEACH FL 32963~~ 201 N. Riverside Dr #201 Pompano Beach Fl. 33062	~~VERO BEACH FL 32963-8171~~ 201 N. Riverside Dr #201 Pompano Beach Fl. 33062

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 201 N. Riverside Dr. #201	Suite, Apt. #, etc. 201 N. Riverside Dr. #201
City & State Pompano Beach Fl.	City & State Pompano Beach Fl.
Zip 33062 Country Broward	Zip 33062 Country Broward

4. FEI Number 59-3348227 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JIRUSKA, RAY L ~~965 REEF LANE~~ ~~VERO BEACH FL 32963~~ change office only	Name Street Address (P.O. Box Number is Not Acceptable) 201 N. Riverside Dr. #201 City Pompano Beach Fl. **FL** Zip Code 33062

8. 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 Ray J. Jiruska 3/5/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JIRUSKA, RAY L ~~965 REEF LANE~~ ~~VERO BEACH FL 32963~~	☐ Delete	MGRM Ray Jiruska 201 N. Riverside Dr. #201 Pompano Beach Fl 33062	~~☐ Change~~ ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TURK, JOHN 1275 N. ATLANTIC AVE COCOA BEACH FL 32931	☐ Delete	400003193574--9 -04/03/00--01118--005 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E083 (9/99)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: X Ray J. Jiruska SIGNATURE REQUIRED 3/5/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #