DOCU 1. Entity Nar	IMENT #	L9800	0001676	•					FIL	ED		
PARRILLA'S OF WESTON, L.C.				•			01 MAY -7 PM 5: 28					
Principal Place of Business 983 NORTH KNOB HILL ROAD PLANTATION FL 33324			Mailing Address 983 NORTH KNOB HILL PLANTATION FL 33324	ROAD		SECRETARY OF STATE TALLAHASSEE, FLORIDA						
•	Place of Business UNIVERSITY	DR.	3. Mailing Address 5193 S. UNIVER	STTY	DR.			{BBI			018) 11819 0 1511	14450 HIII (84)
Suite, Apt.			Suite, Apt. #, etc.			<u> </u>		ı	DO NOT WRI	ITE IN THIS S	SPACE	MjH
City & Stat			City & State DAVIE, FL				4. FEI N	umber 6	5-0862000) .		pplied For ot Applicable
Zip 33328	Coul	ntry	Zip 33328	Coun	itry		5. Certifi	icate of Sta	tus Desired		\$5.00 Ad	ditional
33328	6. Name and A	ddress of Current F		l			7. Name	and Addr	ess of New F			
983 NORT	CAPITAL ASSETS TH KNOB HILL RO	•							S L.C.			
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PLANIAII	ON FL 33324				City			SITY D	OR.	FI	Zip Coo	le
· 	—	ts this statement for	the purpose of changing its	egistere	City	DAVII	3			FL orida.	Zip Coo 333	le 28
8. The above	e named entity submi	ts this statement for	the purpose of changing its Weston Id title if applicable. (NOT	200	City ed office of	DAVII	3	or both, in th		orida.	Zip Coo 333	
· 	e named entity submi		Weston (NOT	Registered	City ed office of Agent signat	DAVII registere P384 une required	ed agent, o	or both, in th	ne State of Fid 1010-4 -05/31	orida.	- <u>と</u> § - 582 1086	002 S
8. The above SIGNATURE	e named entity submi Signature, typed or printed		Id title if applicable. (NOT FILE N Make Check Pa	Registered W!!! able to 10.	City ed office of Agent signature FEE IS \$ o Depart	DAVII registere P384 une required	ed agent, o	or both, in the	ne State of Fid 1010-4 -05/31	DATE 336! /01-0 50.00	- 28- 582 1086- *****	<u>0\</u> 2 ₀₀₂ 50.00
8. The above	e named entity submi	name of registered agent and MANAGING MEMBER AL ASSETS, L.C. B HILL ROAD	Meston (NOT FILE N Make Check Pa	Registered W!!! able to	City ed office of Agent signature FEE IS \$ 0 Depart	DAVII r registers ure required s50.00 ment of	ed agent, of when reinstating state	or both, in the	ITY DR.	DATE 336! /01-0 50.00	- <u>と</u> § - 582 1086	002 S
8. The above SIGNATURE) 9. TITLE VAME STREET ADDRESS	Signature, typed or printed MGRM WESTON CAPITA 983 NORTH KNO PLANTATION FL MGRM BALLAR PROPER 983 NORTH KNO	name of registered agent and ANAGING MEMBER AL ASSETS, L.C. B HILL ROAD 33324	Id title if applicable. (NOT FILE N Make Check Pa	Registere W!!! able to ITILE NAMI STRE CITY TITLE NAMI STRE	City ed office of d Agent signate Depart E E ET ADDRESS -ST-ZIP	DAVIII registere registere required s50.00 ment of DAVI	State S. UI	NIVERS	ICITY DR.	DATE 336 701-0 50.00 /CHANGES	- 28- 582 1086- *****	<u>0\</u> 2 ₀₀₂ 50.00
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SIGNATURE: CAPITURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 04-28-01 Daytime Phone #