

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90156 011 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L99000000473

1. Entity Name
**GRILLFISH OF CORAL GABLES LIMITED
LIABILITY COMPANY**



Principal Place of Business
2325 GALLIANO STREET
CORAL GABLES, FL 33134

Mailing Address
C/O GRILLFISH MIAMI
1444 COLLINS AVENUE
MIAMI BEACH, FL 33139

30043213

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

85-0892765

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WEIDER, NORMAN S ESQ
100 S.E. 2ND STREET, SUITE 3950
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent Signature Required when terminating)

DATE

30043213

FILE NOW! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 31, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE: **MGRM**
NAME: **STRAY DOG CORAL GABLES, L.L.C.**
STREET ADDRESS: **1444 COLLINS AVENUE**
CITY-ST-ZIP: **MIAMI BEACH, FL 33139**

☐ Delete

10. ADDITIONS / CHANGES

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
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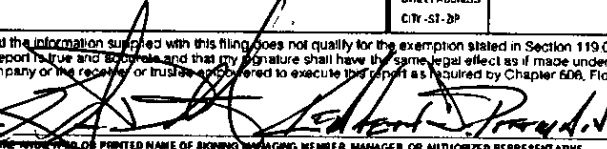
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☐ Change ☐ Addition

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 606, Florida Statutes.

SIGNATURE: 

Signature, typed or printed name of signing managing member, manager, or authorized representative

Date

3/06/03 85089908

CR2E083 (10/02)