2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000694

1. Entity Name
TAILS RESTAURANTS, LLC

FILED
00 JAN 13 PM 1:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2730 N.E. 30TH AVENUE LIGHTHOUSE POINT FL 33064	2730 N.E. 30TH AVENUE LIGHTHOUSE POINT FL 33064-8229

2. Principal Place of Business	3. Mailing Address
2635 N. Riverside Drive	2635 N. Riverside Drive
Suite, Apt. #, etc. / City & State: Pompano Beach, FL	Suite, Apt. #, etc. / City & State: Pompano Beach, FL
Zip: 33062 Country: USA Broward	Zip: 33062 Country: USA

4. FEI Number — Applied For ✓ / Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name: JAMES R. HILL SR.
Street Address (P.O. Box Number is Not Acceptable): 2635 N. Riverside Drive
City: Pompano Beach 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: [signature] DATE: 1-5-2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS

TITLE	MGRM	☐ Delete
NAME	HILL, JAMES R SR.	
STREET ADDRESS	2730 N.E. 30TH AVENUE	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	600003117466---1	
CITY-ST-ZIP	-02/01/00--01025--016	
TITLE	*****50.00 *****50.00	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #