

2001 UNIFORM LIMITED LIABILITY COMPANY ACT

**L99000002147**

DOCUMENT # L99-2147

1. Entity Name

Jazz Seafood Shak, LLC

9/29/00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY 24 PM 2:13

Principal Place of Business

Mailing Address

3100 Canal Drive

3100 Canal Drive

2. Principal Place of Business

3. Mailing Address

3100 Canal Drive

3100 Canal Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lake Wales, FL

City & State

Lake Wales, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

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

David L. Hatton  
2250 SW 3rd Avenue, 5th Floor  
Miami, FL 33129

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.

SIGNATURE

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

200004341407--0

06/05/01 01030--005

\*\*\*\*100.00 \*\*\*\*100.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

Penalty 100.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

2000 50.00

2001 50.00

200.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

REINSTATEMENT

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Manager  
Richard Eten  
3100 Canal Drive  
Lake Wales, FL 33853

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Manager  
Richard Eten, II  
3100 Canal Drive  
Lake Wales, FL 33853

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Manager  
David L. Hatton  
2250 SW 3rd Avenue  
5th Floor  
Miami, FL 33129

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Manager  
David L. Hatton  
2250 SW 3rd Avenue  
5th Floor  
Miami, FL 33129

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Manager  
David L. Hatton  
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Miami, FL 33129

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

Manager  
David L. Hatton  
2250 SW 3rd Avenue  
5th Floor  
Miami, FL 33129

☐ 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 608, Florida Statutes.

SIGNATURE:

David L. Hatton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/13/01 305-958-0220