FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2002 8:00 am § Secretary of State L99000002724 DOCUMENT # 1. Entity Name 04-22-2002 90155 019 ****50.00 PLANT CITY GRILLE, L.L.C. Principal Place of Business Mailing Address 2503 HIGHWAY 60 EAST 2503 HIGHWAY 60 EAST VALRICO FL 33594 VALRICO FL 33594 2. Principal Place of Business 3. Mailing Address 326 E. Lumsden Rd 2212 Jim Kedman DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3585649 orandon Not Applicable Plan Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NORMAN, CHRISTOPHER H ESQ. Street Address (P.O. Box Number is Not Acceptable) HINES, NORMAN & ASSOCIATES, P.L. 315 SOUTH HYDE PARK AVENUE TAMPA FL 33606 City Zip Code FL 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. CR2E083 (9/01) **MGRM** ☐ Addition TITLE Delete TITLE 1402 bor's NAME NAME KAZBOR'S GRILLE & BAR, INC. STREET ADDRESS STRFFT ADDRESS 2503 HIGHWAY 60 EAST CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 bruna MEM TITLE TITLE Delete NAME NAME KAZBOR'S GRILLE & BAR, INC. STREET ADDRESS umsden STREET ADDRESS 2503 HIGHWAY 60 EAST CITY-ST-7IP CITY-ST-ZIP VALRICO FL 33594 - Addition --- Delete TITI F TITLE FAZIO-BURLEY, ROSEMARIE NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 1592 CITY-ST-789 CITY-ST-ZIP **BRANDON FL 33509** ☐ Addition MEM ☐ Delete TITLE TITLE BURLEY, B. MITCHELL NAME NAME STREET ADDRESS P.O. BOX 1592 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33509** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP