

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90291 039 ****50.00

DOCUMENT # L99000004601

1. Entity Name
D & G JAPANESE STEAKHOUSE, LLC



Principal Place of Business
**1515 N 3RD STREET
JACKSONVILLE, FL 32250**

Mailing Address
**1515 N 3RD STREET
JACKSONVILLE, FL 32250**

DO NOT WRITE IN THIS SPACE



02292004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3588982

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HSIEH, CHIN KUEI (GEORGE)
1515 N 3RD STREET
JACKSONVILLE, FL 32250**

**DO NOT WRITE
IN THIS SPACE**

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]

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

(NOTE: Registered Agent signature required when reinstating)

[Signature]
DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HSIEH, CHIN KUEI (GEORGE)
STREET ADDRESS	9430 SAN JOSE BLVD., APT. #100 12510 N. ASH GLEN DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32257 32224

TITLE	MGRM
NAME	HSIEH, HUNG MING
STREET ADDRESS	12510 N. ASH GLEN DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32224

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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]

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

2/28/04 (904) 249-4290

Date

Daytime Phone #