

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0010011 AF

DOCUMENT # L99000006723

1. Entity Name
CHERRY MILLER'S CAFE, LLC

00 APR 28 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2895 CABBAGE HAMMOCK ROAD
ST. AUGUSTINE FL 32092

Mailing Address

2895 CABBAGE HAMMOCK ROAD
ST. AUGUSTINE FL 32092-0562



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3607250

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

SUSAN ANN THOMASSON
2895 CABBAGE HAMMOCK ROAD
ST. AUGUSTINE FL 32092

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME SUSAN ANN THOMASSON
STREET ADDRESS 2895 CABBAGE HAMMOCK ROAD
CITY-ST-ZIP ST. AUGUSTINE FL 32092 ☐ Delete

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

TITLE MGRM
NAME DANNY BART THOMASSON
STREET ADDRESS 2895 CABBAGE HAMMOCK ROAD
CITY-ST-ZIP ST. AUGUSTINE FL 32092 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600003249296-3
-05/11/00-01114-018
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: DANNY B. THOMASSON **SIGNATURE REQUIRED** 04/25/00 904-824-3497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)