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DAKOTAH RESTAURANT HOLDINGS, LLC					SECRETARY OF STATE DIVISION OF CORPORATIONS					
Principal Plac	ce of Business	Mailing Address	lailing Address			00 OCT 18 PM 1:53				
352 NE 3RD	AVENUE ACH FL 33444	352 NE 3RD AVENUE	352 NE 3RD AVENUE DELRAY BEACH FL 33444							
DELHAT BEA	ION FE, 33444	DEERMI BEACH FE 334	**		'		Ren aa nk barn ba	 Und 1 8313 (1 8 16	E 11 600 (11 6 1	
2. Principal f	Place of Business	3. Mailing Address	, Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Sta	ate	City & State	City & State			4. FEI Number Applied For Not Applicable				
Zip	Country	Zip	Coun	itry	5. Cen	ificate of Status Desired	_ \$	5.00 Add	ditional	
	6. Name and Address of Curre	nt Registèred Agent			7. Nan	e and Address of New I		•		1
	÷ =	,	معت	Name RE	NEE	T. PADABA	NOA]
MILLSPAUGH, JOHN				Street Address (P.O. Box Number is Not Acceptable)						
	BRD AVENUE	•	352			210 Ans	-			┨
DELHAT	BEACH FL 33444						FL	Zip Cod	e	\dashv
2 Th/aban		ray			Zip Cod	3444	┨.			
SIGNATURE	e glamed entity submits this statement	yor trie purpose or crianging it	s registere	ad onica or registe	ared agent,	or both, in the State of Fi	Jilua.			
	Signature, typed or printed name of registered after	ent and title if applicable. (NO	TE: Registere	d Agent signature require	ed when reinsta	ting)	DATE			-
FILE NOW!!!						The street of th		· · · · · · · · · · · · · · · · · · ·		<u>.</u>
~~	•	Make Check P	ayable to	o Department	of State		 -	•	- 4	1
9.	MANAGING MEM	BERS/MANAGERS	10.			ADDITIONS	/CHANGES	FP.	<u> </u>	┥
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NAME STREET ADDRESS	Renee Radabang 352 NE 3rd Au e	7n	NAM	- 1						R2E083 (5/00)
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11. I hereby of indicated limited lia	certify that the information supplied w ton this report is true and accurate ar ability company or the receiver or trust	ith this filing does not qualify for that my signature shalf have be empowered to execute this	or the exer the same report as	nption stated in S legal effect as if r required by Chap	ection 119. made unde oter 608, Flo	07(3)(i), Florida Statutes, roath; that I am a manaprida Statutes.	I further certifi ging member	y that the ir or manage	nformation or of the	
010115	Worde Cua	rard of Line	REC)		a /12/22				
SIGNAT		RINTED NAME OF SIGNING MANAGING				7 /1 / O O	Day	time Phone #		