2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90188 012 ****50.00

DOCUMENT # L99000008056

1. Entity Name
PARRILLA'S OF DAVIE, L.C.

Principal Place of Business	Mailing Address
5195 S. UNIVERSITY DR. DAVIE, FL 33328	5195 S. UNIVERSITY DR. DAVIE, FL 33328

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5001 S University Dr	5001 S University Dr
Suite, Apt. #, etc.: K	Suite, Apt. #, etc.: K
City & State: Davie	City & State: Davie
Zip: 33328 Country:	Zip: 33328 Country: USA

4. FEI Number: 65-0964173 — Applied For / Not Applicable

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
OCHOA, CARLOS 5195 S. UNIVERSITY DR. DAVIE, FL 33328	Name: Mark A Bernstein CPA PA Street Address (P.O. Box Number Is Not Acceptable): 5001 S University Dr #K City: Davie FL Zip Code: 33328

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] DATE 4-28-03
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR TORICES CORP. 1052 CREEKFORD DRIVE WESTON, FL 33326 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR TORICES CORP 5001 S University Dr #K Davie FL 33328 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: [signature] 04/28/03 (954) 434-2202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #