SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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1. Entity Name		-00000	000024					OI MA	Y 3	PM 4: (. I
DANNY'S PUB,	L.L.C.										
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Principal Place of Busin		ŀ	Mailing Address						MODEL	-, r L URI	UA.
6117-6121 JOHNSON S HOLLYWOOD FL 33024			3320 SW 38TH ST HOLLYWOOD FL 33024						•		
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2. Principal Place of Bu	ısiness	3.	. Mailing Address								
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Suite, Apt. #, etc.	<u>. </u>	1	Suite, Apt. #, etc.			}	D	O NOT WRIT	E IN THIS	SPACE;	
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Zip	Country		tollywood	Country			5 - 09 ficate of Statu			\$5.00 Ac	ot Applicati ditional
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V. 1441	no dila Address	or corrent negr	Stared Agent	Name)	7, Name	e and Addres	s or new ne	gistered	Agent	
LYKINS, LAURIE A		•	·	Stree	t Address (I	P.O. Box N	lumber is Not	Acceptable)			
5080 SW 64TH A	/E			<u> </u>		 .		<u> </u>		 	
102C				L							a
DAVIE FL 33314				City						L Zin Cod	
GNATURE		statement for the	purpose of changing its	City registered office			ng)	,	DATE		
. The above named en			if applicable. (NOTI	registered office	nature required	when reinstatir	ng)	0 04 : -05/31,	DATE	5119 01007	7
. The above named er	ed or printed name of	egistered agent and title	FILE NI Make Check Pa	registered office	nature required	when reinstatir	90C	004:	DATE 335 /01(119 1007 *****	
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954-983-3278 Daytime Phone #