2000	UNIFORM BUS		RT (U	BR)	- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
DOCUMENT # 1. Entity Name J&L BARBECUE, LLC			3 2		FILÉO SECRETARY OF STATE DIVISION OF CORPORATIONS			
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Principal Place		Mailing Address			,	~ /		
1512	27th st.	SAME	Š	• •	1			
SARAS	OTA, FL. 34234				÷			
2. Principal Pla	ce of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number 998111		pplied For	-	
Zip Country		Zip Country			5. Certificate of Status Desired	\$5.00 Add	ditional	
	6. Name and Address of Current	t Registered Agent			7. Name and Address of New Registered	<u> </u>		_
- X X 2	r E Napolitano			me 	The state of the s		*	<u> </u>
200N	ا کی ۱۵۹۵۱۰ می این در کی	613	Str	eet Address (P.O. Box Number is Not Acceptable)].
A P	Rasotasia	م ^{یری} کاره		21		1	•	
E. 1 1 1 1 2.			Cit		Fl	Zip Cod	e .	
8. The above m	amed entity submits this statement f	or the purpose of changing its	registered off	ice or register	ed agent, or both, in the State of Florida.			
SIGNATURE	gnature, typed or printed name of registered agen	and title if applicable. (NOTE	: Registered Agen	t signature required	when reinstating) DATE	- P. J.		
·		FILE NO	WIII FEE	IS \$50.00	The second secon	3		ļ
		Make Check Pa			State		!	
9.	MANAGING MEME	BERS/MEMBERS Delete	10.		ADDITIONS/CHANGES	S .	Addition	83 (11/99)
NAME STREET ADDRESS CITY-ST-ZIP	JAMES WEST, manager member 1507 25th st SARASOTA, FL. 34234			RESS	3000033003937 -06/22/0001012022 ******50.00 ******50.00			
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	CR2E08
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADD CITY-ST-ZIF	1				
<u>IIITE</u>		Delete	TITLE			Change	Addition_	و٠
NAME STREET ADDRESS CITY-ST-ZIP	ੂੰ ਮ ੰ •		NAME Street Add City-St-Zif					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADD					
TITLE F		☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS			STREET ADDI				-	
TITLE NAME		☐ Delete	TITLE			☐ Change	☐ Addition	
STREET ALIDRESS CITY-ST-ZIP			* STREET ADD	1				
indicated or	tity that the information supplied with this report is true and accurate and ity company or the receiver or truste	l that my signature shall have tl	he same lega	l effect as if m	ction 119.07(3)(i), Florida Statutes. I further ce ade under oath; that I am a managing memb er 608, Florida Statutes.	rtify that the in er or manage	iformation r of the	
SIGNATU		NTED NAME OF SIGNING MANAGING N	AEMBER OR MAN	Member AGER	4/5/00 Date	953-	5045	