

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90125 046 ****50.00

DOCUMENT # L99000008673

1. Entity Name
THE BAHAMIAN KITCHEN, L.L.C.

Principal Place of Business

Mailing Address

**8991 N.W. 53RD STREET
 SUNRISE FL 33351**

**8991 N.W. 53RD STREET
 SUNRISE FL 33351**

2. Principal Place of Business

5900 SW 21 St.

Suite, Apt. #, etc.

3. Mailing Address

5900 SW 21 St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PLANTATION, FL.

City & State

PLANTATION, FL.

Zip
33317

Country

U.S.A.

Zip
33317

Country

U.S.A.

4. FEI Number **65-0967499**

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

PATTON, ROBERT

**8991 N.W. 53RD STREET
 SUNRISE FL 33351**

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. I am familiar with, and accept the obligations of registered agent.

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
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRD
 BUTLER, SHENIQUE
 8991 N.W. 53RD STREET
 SUNRISE FL 33351**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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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: Shenique Butler

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

8.2.02

Date

Daytime Phone #

CR2E083 (4/02)