

FILED
May 01, 2002 8:00 am
Secretary of State

04-02-2002 90943 020 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L990Q0008680

1. Entity Name

SPANISH RIVER, L.L.C.

Principal Place of Business

SPANISH RIVER GRILL
 737 E. 3RD AVE.
 NEW SMYRNA BEACH FL 32169

Mailing Address

SPANISH RIVER GRILL
 737 E. 3RD AVE.
 NEW SMYRNA BEACH FL 32169

20950



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3612342

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

SALGADO, HENRY A III
 624 S. PINE STREET
 NEW SMYRNA BEACH FL 32169

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.

SIGNATURE

Henry A. Salgado III

Henry A. Salgado III

3/26/02

Signature, typed or printed name of registered agent and less if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
 Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
 NAME SOLGADO, HENRY A III
 STREET ADDRESS 624 PINE ST.
 CITY-ST-ZIP NEW SMYRNA BEACH FL 32169 ☐ Delete

TITLE OWNER MGRM
 NAME SALGADO, HENRY A III
 STREET ADDRESS 624 SOUTH PINE ST.
 CITY-ST-ZIP NEW SMYRNA BCH, 32169 ☒ Change ☐ Addition

TITLE MGRM
 NAME SALGADO, MICHELE J
 STREET ADDRESS 624 PINE STREET
 CITY-ST-ZIP NEW SMYRNA FL 32169 ☐ Delete

TITLE OWNER MGRM
 NAME SALGADO, MICHELE J
 STREET ADDRESS 624 SOUTH PINE ST.
 CITY-ST-ZIP NEW SMYRNA BCH, 32169 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Henry A. Salgado III
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/26/02

Date

386/424-6971

Daytime Phone #

CR2E083 (9/01)