

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90101 013 ****50.00

DOCUMENT # M00000000997

1. Entity Name
SUNSET BISTRO, LLC



Principal Place of Business
C/O COCO BISTRO
1215 DUVAL STREET
KEY WEST, FL 33040 03

Mailing Address
C/O COCO BISTRO
1215 DUVAL STREET
KEY WEST, FL 33040 03



2. Principal Place of Business

3. Mailing Address

1443 SELBYDOW WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112005 Chg-LLC CR2E083 (10/03)

City & State

City & State

WINTERGARDEN FL

4. FEI Number
54-1977620

Applied For
Not Applicable

Zip

Country

Zip

Country

34787

US A

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

HATCH, JOHN D
840 S.E. 5TH STREET
OCALA, FL 34471

Name
MARIE DEMACHY

Street Address (P.O. Box Number is Not Acceptable)
1443 SELBYDOW WAY

City
WINTERGARDEN

FL

Zip Code
34787

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] MARIE DEMACHY, OWNER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State -

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
DEVOR, ANNE
1215 DUVAL STREET
KEY WEST, FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DEVOR ANNE
6300 SW 41st
Miami FL 33155 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
DEMACHY, MARIE J
1215 DUVAL STREET
KEY WEST, FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DEMACHY MARIE
1443 SELBYDOW WAY
WINTERGARDEN, FL 34787 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
DEMACHY, SIMONE F
1215 DUVAL STREET
KEY WEST, FL 33040 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ 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: *[Signature]* MARIE DEMACHY, OWNER

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

Date

Daytime Phone #

305 923 4993