

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 28, 2003 8:00 am**  
**Secretary of State**

08-28-2003 90040 022 \*\*\*\*\*50.00

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**DOCUMENT # M000000000997**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **54-1977620**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP

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

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 REQUIRED**

**08.21.03. 305.294-27.27.**

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

Date

Daytime Phone #

CR2E083 (4/03)