

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90254 029 \*\*\*\*\*50.00

**DOCUMENT # M00000001229**

1. Entity Name

**SPECIALTY RESTAURANT GROUP, LLC**



Principal Place of Business

**150 WEST CHURCH AVENUE  
MARYVILLE TN 37801**

Mailing Address

**150 WEST CHURCH AVENUE  
MARYVILLE TN 37801**

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 **36-4372321**

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **CARMICHAEL, JAMES**  
STREET ADDRESS **3634 MORNING DEW LANE**  
CITY-ST-ZIP **FRIENDSVILLE TN 37787**

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

TITLE **MGR** ☐ Delete  
NAME **EVANS, GEORGE N**  
STREET ADDRESS **3823 TRAVIS STREET**  
CITY-ST-ZIP **DALLAS TX 75204**

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

TITLE **MGR** ☒ Delete  
NAME **GALANOS, NICHOLAS**  
STREET ADDRESS **3823 TRAVIS STREET**  
CITY-ST-ZIP **DALLAS TX 75204**

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

TITLE **MGRM** ☐ Delete  
NAME **FOYE, JILL C**  
STREET ADDRESS **13205 CLEAR RIDGE ROAD**  
CITY-ST-ZIP **KNOXVILLE TN 37922**

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

TITLE **MGRM** ☐ Delete  
NAME **JAMES, SR, JAMES E**  
STREET ADDRESS **720 N LINCOLN AVENUE**  
CITY-ST-ZIP **SCRANTON PA 18504**

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

TITLE **MGRM** ☐ Delete  
NAME **JONES, MICHAEL S**  
STREET ADDRESS **1525 WOODFIELD COURT**  
CITY-ST-ZIP **BRENTWOOD TN 37023**

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

Date

Daytime Phone #

*James H. Carmichael*  
**FILED**

1/13/03 865-379-5702

CR2E083 (10/02)