

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90019 036 ****50.00

DOCUMENT # M01000000091

1. Entity Name

PROFITABLE DINING OF JACKSONVILLE, LLC

Principal Place of Business

PO BOX 915215
 LONGWOOD FL 32791

Mailing Address

PO BOX 915215
 LONGWOOD FL 32791

907915

2. Principal Place of Business

4310 Southside Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32216

Country

Duval

Country

4. FEI Number

58-2556847

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRYAN C. GOODE III, P.A.
 FOUR SAWGRASS VILLAGE, SUITE 230
 PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name LISA Romine

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

104 Beaufort DR.

L

City

Longwood

FL

Zip Code

32779

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

Lisa Romine

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

(NOTE: Registered Agent signature required when reinstating)

1-10-01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
 NAME LANNERS, JAY T
 STREET ADDRESS 1122 MONTICELLO ST., SUITE 8
 CITY-ST-ZIP COVINGTON GA 30014

10. ADDITIONS/CHANGES

TITLE ~~Treasurer~~ Secretary
 NAME LISA Romine
 STREET ADDRESS 104 Beaufort DR.
 CITY-ST-ZIP Longwood, FL 32779

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE President
 NAME Kenny Lapeyrolie
 STREET ADDRESS 1013 Buttercup Drive
 CITY-ST-ZIP Jacksonville, FL 32259

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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:

Lisa Romine

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

1-10-01

Date

407-389-9912

Daytime Phone #

CR2E083 (9/01)