

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90098 031 \*\*\*\*\*50.00

**DOCUMENT # M01000000091**

1. Entity Name

**PROFITABLE DINING OF JACKSONVILLE, LLC**



Principal Place of Business

**4310 SOUTHSIDE BLVD  
JACKSONVILLE FL 32216**

Mailing Address

**PO BOX 915215  
LONGWOOD FL 32791**

**20014468**



2. Principal Place of Business

**4310 Southside Blvd**

3. Mailing Address

**P.O. Box 915215**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**JACKSONVILLE, FL**

City & State

**Longwood, FL**

4. FEI Number

**58-2556847**

Applied For

Not Applicable

Zip

**32216**

Country

**USA**

Zip

**32791**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ROMINE, LISA  
104 BEANFORT DR  
LONGWOOD FL 32779**

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

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

TITLE **TS** ☐ Delete  
NAME **ROMAINE, LISA**  
STREET ADDRESS **104 BEANFORT DR**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **P** ☒ Delete  
NAME **LAPEYROLEVIE, KENNY**  
STREET ADDRESS **1013 BUTTERCUP DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32259**

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 **P Kenneth Taylor**  
STREET ADDRESS **1970 Protection Point**  
CITY-ST-ZIP **Orange Park, FL 32073**

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

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**

**1-9-2003 407-389-9912**

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

Date

Daytime Phone #

CR2E083 (10/02)