

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000001166

1. Entity Name
Q'S RESTAURANT GROUP, LLC



Principal Place of Business
**100 HAZEL PATH, STE. B
HENDERSONVILLE, TN 37075-3867**

Mailing Address
**100 HAZEL PATH, STE. B
HENDERSONVILLE, TN 37075-3867**



01102005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1857293

Applied For
☐ Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HICKMAN, BILL G
13902 N. DALE MABRY HWY., STE. 199
TAMPA, FL 33618-2424**

**DO NOT WRITE
IN THIS SPACE**

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

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

000000204165
01/29/05-80057-015 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WELHOELTER, A.R.
100 HAZEL PATH, STE. B
HENDERSONVILLE, TN 370753867**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HICKMAN, BILL
13902 N. DALE MABRY HWY., STE. 199
TAMPA, FL 336182424**

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-2405

615-
826-9080