

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000001357

1. Entity Name

AQUA GRILL RESTAURANT MANAGEMENT LLC



Principal Place of Business

C/O UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD., SUITE 508  
MIAMI, FL 33156

Mailing Address

C/O UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD., SUITE 508  
MIAMI, FL 33156

**FILED**  
**Aug 14, 2008 08:00 AM**  
**Secretary of State**



07282008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-3715405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fees Required

**6. Name and Address of Current Registered Agent**

UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD., SUITE 508  
MIAMI, FL 33156

**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

**FILE NOW!!! FEE IS \$538.75**  
**Due by September 12, 2008**

U00000957700  
08/14/08-80002-017 538.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME BERLINSKI, MILTON  
STREET ADDRESS 1185 PARK AVENUE, APT. 11-G  
CITY-ST-ZIP NEW YORK, NY 10128

TITLE MGR  
NAME HODER, RANDALL  
STREET ADDRESS 80 AUTUMN ST  
CITY-ST-ZIP HAMDEN, CT 06517

TITLE MGR  
NAME LAVINE, BEAU  
STREET ADDRESS 1365 D GREGORY WAY  
CITY-ST-ZIP BEVERLY HILLS, CA 90211

TITLE MGR  
NAME HARMS, MILTON  
STREET ADDRESS LG SMITH BLVD 5340  
CITY-ST-ZIP MALMOK, ARUBA, DC

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #