

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002169

Entity Name: 27 RESTAURANT COMPANY, LLC

Current Principal Place of Business:

943 S.E. FORT KING STREET
OCALA, FL 34471

Current Mailing Address:

P.O. BOX 3778
OCALA, FL 34478

FEI Number: 59-3630978

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMP, GENE B
943 S.E. FORT KING STREET
OCALA, FL 34471 US

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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name CAMP, GENE B
Address 943 SE FT KING STREET
City-State-Zip: Ocala FL 34471

Title AUTHORIZED MEMBER
Name FORE, MERRITT CJR
Address 943 SE FT KING
City-State-Zip: Ocala FL 34471

Title MANAGER
Name FORE, MERRITT CIII
Address 943 SE FT KING ST
City-State-Zip: Ocala FL 34471

Title AUTHORIZED MEMBER
Name CAMP, KEVIN B
Address 943 SE FT KING
City-State-Zip: Ocala FL 34471

Title AUTHORIZED MEMBER
Name CLIFFORD, KRISTEN C
Address 943 SE FT KING STREET
City-State-Zip: Ocala FL 34471

Title AUTHORIZED MEMBER
Name FORE, MAC P
Address 943 SE FT KING STREET
City-State-Zip: Ocala FL 34471

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GENE B. CAMP

MEMBER

04/04/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date