

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000035674

**FILED**  
**Mar 26, 2017**  
**Secretary of State**  
**CC4051999743**

**Entity Name:** STAMATIS FAMILY RESTAURANT, LLC

**Current Principal Place of Business:**

1890 TAMIAMI TRAIL  
B  
NORTH FORT MYERS, FL 33903

**Current Mailing Address:**

1186 SANDY ST  
PORT CHARLOTTE, FL 33952

**FEI Number:** 20-0240130

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WOTITZKY, HAL ESQ.  
223 TAYLOR STREET  
PUNTA GORDA, FL 33950 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 MGRM  
Name STATHARAS, STAMELOS  
Address 1186 SANDY ST  
City-State-Zip: PORT CHARLOTTE FL 33952

Title MGRM  
Name KOUROUPI, ZOI  
Address 1186 SANDY ST  
City-State-Zip: PORT CHARLOTTE FL 33952

*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:** STAMELOS STATHARAS

**MANAGER**

**03/26/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date