**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 09, 2018**
**Secretary of State**
**CC6671251854**

DOCUMENT# L10000057342

**Entity Name:** TROPICAL RIBS II, LLC

**Current Principal Place of Business:**

12801 WEST SUNRISE BLVD.
SUITE 215
SUNRISE, FL 33323

**Current Mailing Address:**

2999 NE 191ST STREET
SUITE 805
AVENTURA, FL 33180

**FEI Number: 27-2920537**

**Certificate of Status Desired:** No

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

M. KEITH MARSHALL,P.A.
2999 NE 191ST STREET
805
AVENTURA, FL 33180 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 | MANAGER | Title | MANAGER |
| Name | ZIGHELBOIM, JACOBO | Name | GIANFORCARO, FRANCO |
| Address | 12801 WEST SUNRISE BLVD.<br>SUITE 215 | Address | 12801 WEST SUNRISE BLVD.<br>SUITE 215 |
| City-State-Zip: | SUNRISE FL 33323 | City-State-Zip: | SUNRISE FL 33323 |

*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: ZIGHELBOIM , JACOBO MANAGER 02/09/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date