## 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000069363

Entity Name: FOXPAR RESTAURANT, LLC.

**Current Principal Place of Business:** 

7600 DR. PHILLIPS BLVD #12 ORLANDO, FL 32819

**Current Mailing Address:** 

7600 DR. PHILLIPS BLVD #12 ORLANDO, FL 32819 US

FEI Number: 35-2446214 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALBUQUERQUE, HENRIQUE C 11704 VINCE DR WINDERMERE, FL 34786 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

FILED Feb 22, 2013

**Secretary of State** 

CC4759107037

## Authorized Person(s) Detail:

Title MGRM

Name FOXPAR, LLC.

Address 2295 SOUTH HIAWASSEE RD

SUITE 408

City-State-Zip: ORLANDO FL 32835

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

D

SIGNATURE: HENRIQUE C ALBUQUERQUE

Electronic Signature of Signing Authorized Person(s) Detail

02/22/2013

Date