

2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L12000086933

Entity Name: REBA'S STEAKHOUSE LLC

Current Principal Place of Business:

16909 HIGHGROVE BLVD
SUITE A DEVENNEY'S IRISH PUB
CLERMONT, FL 34714

Current Mailing Address:

16909 HIGHGROVE BLVD
SUITE A DEVENNEYS IRISH PUB
CLERMONT, FL 34714 US

FEI Number: 45-5614496

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GILMARTIN, STEVEN
16909 HIGHGROVE BLVD
SUITE A DEVENNEY'S IRISH PUB
CLERMONT, FL 34714 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: STEVEN GILMARTIN

06/29/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name GILMARTIN, STEVEN
Address 16909 HIGHGROVE BLVD
 SUITE A DEVENNEY'S IRISH PUB
City-State-Zip: CLERMONT FL 34714

Title MANAGER
Name HEY, DAREN
Address 16909 HIGHGROVE BLVD
 SUITE A DEVENNEY'S IRISH PUB
City-State-Zip: CLERMONT FL 34714

Title MANAGER
Name HEY, JULIE ANNE
Address 16909 HIGHGROVE BLVD
 SUITE A DEVENNEY'S IRISH PUB
City-State-Zip: CLERMONT FL 34714

Title MANAGER
Name GILMARTIN, ALLISON
Address 16909 HIGHGROVE BLVD
 SUITE A DEVENNEY'S IRISH PUB
City-State-Zip: CLERMONT FL 34714

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: DAREN HEY

MANAGER

06/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date