

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000092035

**Entity Name:** LP RESTAURANTS, LLC

**Current Principal Place of Business:**

6900 TAVISTOCK LAKES BLVD.  
SUITE 200  
ORLANDO, FL 32827

**Current Mailing Address:**

6900 TAVISTOCK LAKES BLVD.  
SUITE 200  
ORLANDO, FL 32827 US

**FEI Number:** 80-0834931

**Certificate of Status Desired:** No

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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA, INC.  
390 N. ORANGE AVENUE  
SUITE 1400  
ORLANDO, FL 32801 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:** HOLLY L. COLLINS

04/27/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER, PRESIDENT  
Name           ZBORIL, JAMES L.  
Address        6900 TAVISTOCK LAKES BLVD.  
                  SUITE 200  
City-State-Zip: ORLANDO FL 32827

Title           VP  
Name           ADAMS, ROBERT B.  
Address        6900 TAVISTOCK LAKES BLVD.  
                  SUITE 200  
City-State-Zip: ORLANDO FL 32827

Title           VP  
Name           THAKKAR, RASESH  
Address        6900 TAVISTOCK LAKES BLVD.  
                  SUITE 200  
City-State-Zip: ORLANDO FL 32827

Title           VP  
Name           PEEK, SCOTT I. JR.  
Address        6900 TAVISTOCK LAKES BLVD.  
                  SUITE 200  
City-State-Zip: ORLANDO FL 32827

Title           SECRETARY  
Name           RENCORET, MICHELLE R.  
Address        6900 TAVISTOCK LAKES BLVD.  
                  SUITE 200  
City-State-Zip: ORLANDO FL 32827

Title           VP  
Name           IRELAND, RALPH H.  
Address        6900 TAVISTOCK LAKES BLVD.  
                  SUITE 200  
City-State-Zip: ORLANDO FL 32827

*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:** JAMES L. ZBORIL

**PRESIDENT**

04/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date