

2019 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

FILED
Apr 09, 2019
Secretary of State
6831228228CC

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:

NATIONAL REGISTERED AGENTS, INC.
1200 S PINE ISLAND ROAD
PLANTATION, FL 33324 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: PETER F. SOUZA, ASSISTANT SECRETARY

04/09/2019

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: 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: VP, 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

Title: VP
Name: BEUCHER, NICHOLAS F III
Address: 6900 TAVISTOCK LAKES BLVD.
SUITE 200
City-State-Zip: ORLANDO FL 32827

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

Title: VP, T
Name: SMITH, JEFFREY S
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

MANAGER

04/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date