

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000058408

Entity Name: LE BON GOUT CARIBBEAN RESTAURANT LLC

Current Principal Place of Business:

2048 AMERICANA BLVD
ORLANDO, FL 32839

Current Mailing Address:

2048 AMERICANA BLVD
ORLANDO, FL 32839

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PHILOGENE, FRANTZ
2048 AMERICANA BLVD
ORLANDO, FL 32839 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: FRANTZ PHILOGENE

07/13/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	DIRECTOR
Name	PHILOGENE, FRANTZ	Name	PHILOGENE, WALTER
Address	2048 AMERICANA BLVD	Address	6739 RUBENS COURT
City-State-Zip:	ORLANDO FL 32839	City-State-Zip:	ORLANDO FL 32818

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: FRANTZ PHILOGENE

OWNER

07/13/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date