**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 05, 2021**
**Secretary of State**
**8016332427CC**

DOCUMENT# L20000358807

**Entity Name:** CINTRON RESTAURANT GROUP II, LLC

**Current Principal Place of Business:**

5112 NW 34TH BLVD
GAINESVILLE, FL 32605

**Current Mailing Address:**

1105 FORT CLARKE BLVD
405
GAINESVILLE, FL 32606 UN

**FEI Number: 85-4191243**

**Certificate of Status Desired:** Yes

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

CINTRON, HECTOR H
1105 FORT CLARKE BLVD
405
GAINESVILLE, FL 32606 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

**Authorized Person(s) Detail :**

| | | | |
|---|---|---|---|
| Title | MGR | Title | MGR |
| Name | CINTRON, HECTOR | Name | CINTRON, VERONICA |
| Address | 1105 FORT CLARKE BLVD APT 405 | Address | 1105 FORT CLARKE BLVD APT 405 |
| City-State-Zip: | GAINESVILLE FL 32606 | City-State-Zip: | GAINESVILLE FL 32606 |

*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: HECTOR CINTRON OWNER 02/05/2021

Electronic Signature of Signing Authorized Person(s) Detail — Date