

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000935

Entity Name: JACKSON'S BISTRO AND BAR, L.C.**Current Principal Place of Business:**601 S. HARBOUR ISLAND BLVD
SUITE 100
TAMPA, FL 33602**Current Mailing Address:**601 S. HARBOUR ISLAND BLVD
SUITE 100
TAMPA, FL 33602 US**FEI Number:** 65-0701546**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCVETY, CHRISTOPHER ESQ
601 S. HARBOUR ISLAND BLVD
SUITE 100
TAMPA, FL 33602 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
Name MCVETY, CHRISTOPHER ESQ
Address 601 S. HARBOUR ISLAND BLVD
STE 100
City-State-Zip: TAMPA FL 33602

Title VP
Name CAMPBELL, JOHN D
Address 601 S. HARBOUR ISLAND BLVD
City-State-Zip: TAMPA FL 33602

Title S
Name PROCKOPL, JAMIE ESQ
Address 601 S. HARBOUR ISLAND BLVD
City-State-Zip: TAMPA FL 33602

Title MGR
Name CAMPBELL, JOHN D
Address 601 S. HARBOUR ISLAND BLVD
City-State-Zip: TAMPA FL 33602

Title MGR
Name PROCKOPL, JAMIE ESQ
Address 601 S. HARBOUR ISLAND BLVD
City-State-Zip: TAMPA FL 33602

Title PT
Name GRIFFIN, JAMES
Address 601 S HARBOUR ISLAND BLVD. #100
City-State-Zip: TAMPA FL 33602

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: CHRISTOPHER MCVETY

MGR

02/04/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date