

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000013174

Entity Name: CONSOLIDATED RESTAURANT GROUP, LLC**Current Principal Place of Business:**4477 LEGENDARY DRIVE, SUITE 1
DESTIN, FL 32541**Current Mailing Address:**4477 LEGENDARY DRIVE, SUITE 1
DESTIN, FL 32541 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARKER WILLIAMS, PLLC
60 CLAYTON LANE
SANTA ROSA BEACH, FL 32459 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 PCEO
Name STUTZ, EDWARD
Address 4477 LEGENDARY DRIVE, SUITE 1
City-State-Zip: DESTIN FL 32541

Title VP
Name DELAPLANE, KEVIN G
Address 4477 LEGENDARY DRIVE, SUITE 1
City-State-Zip: DESTIN FL 32541

Title AS
Name CLARK, CHAD
Address 4477 LEGENDARY DRIVE, SUITE 1
City-State-Zip: DESTIN FL 32541

Title CFO
Name RIGGLE, MICHAEL
Address 4477 LEGENDARY DRIVE, SUITE 1
City-State-Zip: DESTIN FL 32541

Title S
Name OGDEN, WILLIAM S JR
Address 4477 LEGENDARY DRIVE, SUITE 1
City-State-Zip: DESTIN FL 32541

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: MICHAEL RIGGLE**CFO****05/01/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date