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RESTAURANT OPERATIONS	
STIE AVENUE, SUITE 300	
LLE	State: <u>CA</u> Zip: <u>94608</u> Country: <u>USA</u>
d Liability Company and Name	or Title of Contact Person:
ENMIRE Contact Title:	
ROY WINDERMERE ROAD	
IERE	State: <u>FL</u> Zip: <u>34786</u> Country: <u>USA</u>
h Manager of the Limited Liab	ility Company, if Applicable.
Individual Name	Address
First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
THOMAS B YOUTH	9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786 USA
JEFFERSON R VOSS	9350 CONROY WINDERMERE ROAD
	WINDERMERE, FL 34786 USA
	LLE d Liability Company and Name <u>ENMIRE</u> Contact Title: <u>ROY WINDERMERE ROAD</u> IERE th Manager of the Limited Liab Individual Name First, Middle, Last, Suffix THOMAS B YOUTH

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPDIRECT AGENTS, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 26 Day of September, 2012 at 4:44:24 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>JEFFERSON R. VOSS</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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