State of New Hampshire
2013 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2013

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 07/21/2014
Business ID: 619825
William M. Gardner
Secretary of State

EAST COAST RESTAURANT & NIGHTCLUBS, LLC

9327 MIDLOTHIAN TURNPIKE SUITE 1-G
RICHMOND, VA 23235

ENTITY TYPE: LLC
BUSINESS ID: 619825
STATE OF DOMICILE: NEW HAMPSHIRE

DINNING AND ENTERTAINMENT

1

ADDRESS OF PRINCIPAL OFFICE:
390 S RIVER ROAD
BEDFORD, NH 03110

REGISTERED AGENT AND OFFICE:
ALLEN, DAVID W, ESQ
SHEEHAN PHINNEY BASS ETAL, 1000 ELM STREET
MANCHESTER, NH 03101

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If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

[x] The new mailing address **4420 Oleander Dr. Suite 203, Myrtle Beach, SC 29577**

[ ] The new principal office address

PO Box is acceptable.

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MANAGERS — **A**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

MEMBERS — **B**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MEMB. Michael Rose
STREET 1545 Brookgreen Drive
CITY/STATE/ZIP Myrtle Beach Sc 29577
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

4

To be signed by the manager, if no manager, must be signed by a member.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **Michael Rose**

Please print name and title of signer: **Michael Rose** / **MEMBER**
NAME TITLE

FEE DUE: **$150.00**

E-MAIL ADDRESS (OPTIONAL):

061982520131503

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:
New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301