

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90147 036 ****50.00

DOCUMENT # L05000016161 1. Entity Name SMOKIN' JOE'S PUB, LLC	
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Principal Place of Business 1448 MAIN STREET SARASOTA, FL 34236 US	Mailing Address 3877 CLARK RD SARASOTA, FL 34233 US
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2384379	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**THOMAS C. TYLER, JR., P.A.
981 RIDGEWOOD AVENUE
SUITE 104
VENICE, FL 34285**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELLIOTT, TOM 6481 TASDA DR SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUARTE, BRIAN 5021 SILK OAK DR SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRISH, JOSSEPH 1448 MAIN STQ SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *Tom Elliott* Tom Elliott 1/24/07 941-376-2039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #