

**2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000020696

**Entity Name:** FISHBUSTERZ DELIVERY, LLC

**Current Principal Place of Business:**

6406 MALONEY AVE  
KEY WEST, FL 33040

**Current Mailing Address:**

P.O. BOX 169  
KEY WEST, FL 33040 US

**FEI Number: 26-2154430**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BEHAR, BRIAN SESQ  
DCOTA, SUITE A-350  
1855 GRIFFIN ROAD  
FORT LAUDERDALE, FL 33004 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	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	RENIER, CHARLES	Name	QUIRK, COLLEEN MARIE
Address	PO BOX 169	Address	50 PALMETTO DRIVE
City-State-Zip:	KEY WEST FL 33041	City-State-Zip:	KEY WEST FL 33040

*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: COLLEEN QUIRK**

**MGR MBR**

**07/13/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date