

**2014 FLORIDA LIMITED LIABILITY COMPANY 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:** No

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

BEHAR, BRIAN SESQ  
2999 NE 191ST STREET  
FIFTH FLOOR  
AVENTURA, FL 33180 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	MGRM	Title	MGRM
Name	DICKSTEIN, ERIC	Name	RENIER, CHARLES
Address	1121 MARGARET STREET	Address	PO BOX 169
City-State-Zip:	KEY WEST FL 33040	City-State-Zip:	KEY WEST FL 33041

*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:** CHARLES RENIER

MGRM

02/25/2014

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

\_\_\_\_\_  
Date