

**2024 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  
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  
Name RENIER, CHARLES  
Address PO BOX 169  
City-State-Zip: KEY WEST FL 33041

Title AUTHORIZED MEMBER  
Name QUIRK, COLLEEN MARIE  
Address 50 PALMETTO DRIVE  
City-State-Zip: KEY WEST FL 33040

Title AMBR  
Name KRAMER, RANDAL L  
Address 10911 128TH AVE  
City-State-Zip: LARGO FL 33778

Title AMBR  
Name CHRIS, JULI L  
Address 6711 N CENTRAL AVE  
City-State-Zip: TAMPA FL 33604

Title MBR  
Name DICKSTEIN, ERIC  
Address 6406 MALONEY AVE  
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 MARIE QUIRK**

**MBR**

**04/30/2024**

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

\_\_\_\_\_  
Date