

2015 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
Name DICKSTEIN, ERIC
Address 1121 MARGARET STREET
City-State-Zip: KEY WEST FL 33040

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

Title MGRM
Name QUIRK, COLLEEN MARIE
Address 50 PALMETTO DRIVE
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

MGRM

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date