

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000177787

**Entity Name:** BIG MOMMAS HICKORY SMOKED WING HOUSE LLC

**Current Principal Place of Business:**

8426 NORTH FLORIDA AVE  
TAMPA, FL 33614

**Current Mailing Address:**

5018 JANICE LANE  
HOLIDAY, FL 34690

**FEI Number:** 46-4228829

**Certificate of Status Desired:** No

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

STEPHENS, CHRISTIANE  
5018 JANICE LANE  
HOLIDAY, FL 34690 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 MGR  
Name STEPEHENS, CHRISTIANE  
Address 5018 JANICE LANE  
City-State-Zip: HOLIDAY FL 34690

*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:** CHRISTIANE STEPEHENS

VP

04/30/2014

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

\_\_\_\_\_  
Date

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC8503905861**

**FILING CANCELLED**  
**RETURNED CHECK**