

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000156873

**Entity Name:** MONTAUK FISH HOUSE LLC

**Current Principal Place of Business:**

811 23 AVE  
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

811 23 AVE  
NEW SMYRNA BEACH, FL 32169

**FEI Number:** 47-2074071

**Certificate of Status Desired:** No

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

ABELES, CLIFFORD T  
811 23RD AVE  
NEW SMYRNA BEACH, FL 32169 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            AMBR  
Name            ABELES, CLIFFORD T  
Address        81123 AVE  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title            AMBR  
Name            SCHIONDEBARE, JEFF  
Address        251 VINEYARD RD  
City-State-Zip: HUNTINGTON NY 11743

*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:** CLIFFORD ABELES

AMBR

02/16/2017

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

\_\_\_\_\_  
Date