

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000148357

**Entity Name:** OUR BAR HOSPITALITY LLC

**Current Principal Place of Business:**

1721 28TH ST N  
ST PETERSBURG, FL 33713

**Current Mailing Address:**

1721 28TH ST N  
ST PETERSBURG, FL 33713 US

**FEI Number: 84-2091858**

**Certificate of Status Desired: No**

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

JOEL SCHMITZ CPA INC  
2436 CENTRAL AVE  
ST PETERSBURG, FL 33712 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 FABER, MITCHELL  
Address 1721 28TH ST N  
City-State-Zip: ST PETERSBURG FL 33713

Title AMBR  
Name FABER, MITCHELL  
Address 1721 28TH ST N  
City-State-Zip: ST PETERSBURG FL 33713

Title MGR  
Name BLANK, CORY  
Address 1721 28TH ST N  
City-State-Zip: ST PETERSBURG FL 33713

Title AMBR  
Name BLANK, CORY  
Address 1721 28TH ST N  
City-State-Zip: ST PETERSBURG FL 33713

Title AMBR  
Name ELLIS, CRYSTAL  
Address 1721 28TH ST N  
City-State-Zip: ST PETERSBURG FL 33713

Title MGR  
Name ELLIS, CRYSTAL  
Address 1721 28TH ST N  
City-State-Zip: ST PETERSBURG FL 33713

Title MGR  
Name WITES, MICHAEL  
Address 1721 28TH ST N  
City-State-Zip: ST PETERSBURG FL 33713

Title AMBR  
Name WITES, MICHAEL  
Address 1721 28TH ST N  
City-State-Zip: ST PETERSBURG FL 33713

*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: FABER, MITCHELL**

**MGR**

**06/22/2020**

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

\_\_\_\_\_  
Date