FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91532 026 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000007187

1. Entity Name

THE FLYING PIG, LLC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2118 SUNRISE BOULEVARD	2118 SUNRISE BOULEVARD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT MYERS, FL	City & State: FORT MYERS, FL
Zip: 33907 Country: USA	Zip: 33901 Country: USA

4. FEI Number: 65-1101920 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: REED, KAREN BAY

Street Address (P.O. Box Number is Not Acceptable): 11991 ROSEMOUNT DRIVE

City: FORT MYERS FL Zip Code: 33913

8. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $5.00
Make Check Payable to Department of State
DUE BY MAY 31, 2002

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	REED, KAREN BAY
STREET ADDRESS	11991 ROSEMOUNT DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33913
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____ 4/11/02 941-561-7689
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

KAREN BAY REED, MANAGER