

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000013221

1. Entity Name
FAT KATZ PUB, LLC



Principal Place of Business
125 S INDIANA AVE
ENGLEWOOD, FL 34223

Mailing Address
4510 WYNKOOP CIRCLE
PORT CHARLOTTE, FL 33948



03282005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1127331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWICKI, PAUL E
125 SOUTH INDIANA AVE.
ENGLEWOOD, FL 34223

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

L000000284988
04/02/05-80026-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LEWICKI, PAUL E
4510 WYNKOOP CIRCLE
PORT CHARLOTTE, FL 33948

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LEWICKI, ANDREA M
4510 WYNKOOP CIRCLE
PORT CHARLOTTE, FL 33948

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

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

PAUL E. LEWICKI

Andrea M Lewicki

3-29-05 941-629-7726