

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2007 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**



01152007No Chg-LLC

CR2E083 (11/05)

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 reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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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01/19/07-80039-002 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1/15/07 941-456-5078