

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013221

Entity Name: FAT KATZ PUB, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

125 S INDIANA AVE
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

4510 WYNKOOP CIRCLE
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 65-1127331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEWICKI, PAUL E
Address: 4510 WYNKOOP CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: MGRM () Delete
Name: LEWICKI, ANDREA M
Address: 4510 WYNKOOP CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: PAUL E. LEWICKI

PRES

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date