

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000024386

1. Entity Name
BEE RIDGE BAR, LLC.



Principal Place of Business
**4870 SOUTH TAMiami TRAIL
SARASOTA, FL 34231 US**

Mailing Address
**4870 SOUTH TAMiami TRAIL
SARASOTA, FL 34231 US**



01242006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4211622

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHANDLER, JAMES R III
1834 MAIN STREET
SARASOTA, FL 34236**

**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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
QUILLEN, MICHAEL L
4870 SOUTH TAMiami TRAIL
SARASOTA, FL 34231**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
GOWAN, MICHAEL T
4870 SOUTH TAMiami TRAIL
SARASOTA, FL 34231**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
GARVEY, DONALD
4870 SOUTH TAMiami TRAIL
SARASOTA, FL 34231**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000495040
04/20/06-80068-019 50.00

**DO NOT WRITE
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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

[Handwritten Signature] **J. Donald Garvey** *nc2 Oliver* **4/4/06** **941-424-5703**