

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024386

FILED  
Mar 11, 2009  
Secretary of State

Entity Name: BEE RIDGE BAR, LLC.

**Current Principal Place of Business:**

3824 S. TUTTLE AVE  
SARASOTA, FL 34239 US

**New Principal Place of Business:**

**Current Mailing Address:**

1701 N WASHINGTON BLVD  
SARASOTA, FL 34234 US

**New Mailing Address:**

FEI Number: 13-4211622

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHANDLER, JAMES R III  
1834 MAIN STREET  
SARASOTA, FL 34236 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: QUILLEN, MICHAEL L  
Address: 4870 SOUTH TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34231 US

Title: MGRM ( ) Delete  
Name: GOWAN, MICHAEL T  
Address: 4870 SOUTH TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34231 US

Title: MGRM ( ) Delete  
Name: SPICUZZA, CARY A  
Address: 1701 N. WASHINGTON BLVD  
City-St-Zip: SARASOTA, FL 34234 US

**ADDITIONS/CHANGES:**

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

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: CARY SPICUZZA

MGRM

03/11/2009

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