

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000007915

1. Entity Name
TURTLE BEACH PUB, LLC



Principal Place of Business
**8865 MIDNIGHT PASS RD.
SARASOTA, FL 34242 US**

Mailing Address
**8865 MIDNIGHT PASS RD.
SARASOTA, FL 34242 US**



02072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2322897

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HANKIN, LAWRENCE M
1820 RINGLING BOULEVARD
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LAUGHLIN, PETER G
STREET ADDRESS	333 S. PINEAPPLE AVE
CITY- ST- ZIP	SARASOTA, FL 34236
TITLE	MGRM
NAME	KELLEHER, FRANKLIN W
STREET ADDRESS	1281 TREE BAY LN
CITY- ST- ZIP	SARASOTA, FL 34242
TITLE	MGRM
NAME	KELLER, CHARLES
STREET ADDRESS	500 E EVERGREEN
CITY- ST- ZIP	EFFINGHAM, IL 62401
TITLE	MGRM
NAME	CUTILLO, JOSEPH
STREET ADDRESS	509 FOREST CREST
CITY- ST- ZIP	LAKE SAINT LOUIS, MO 63367
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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02/10/05-80042-025 50.00

**DO NOT WRITE
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 #

2-8-05 941-349-9449