

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

**FILED**  
**Jul 15, 2008 08:00 AM**  
**Secretary of State**



07122008No Chg-LLC

CR2E083 (12/07)

**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**

KELLEHER, FRANK W  
8865 MIDNIGHT PASS RD  
SARASOTA, FL 34242

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U000000954919  
07/15/08-80003-011 138.75

**9. MANAGING MEMBERS/MANAGERS**

|                |                       |
|----------------|-----------------------|
| TITLE          | MGRM                  |
| NAME           | KELLEHER, FRANKLIN W  |
| STREET ADDRESS | 1281 TREE BAY LN      |
| CITY-ST-ZIP    | SARASOTA, FL 34242    |
| TITLE          | MGRM                  |
| NAME           | KELLER, CHARLES F     |
| STREET ADDRESS | 500 E EVERGREEN       |
| CITY-ST-ZIP    | EFFINGHAM, FL 62401   |
| TITLE          | MGRM                  |
| NAME           | CUTILLO, JOSEPH A     |
| STREET ADDRESS | 6533 HERITAGE CLUB DR |
| CITY-ST-ZIP    | CINCINNATI, OH 45040  |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |

**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 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_