

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90108 027 ****50.00

DOCUMENT # L03000009200

1. Entity Name
**ST. SEBASTIAAN BELGIAN MICROBREWERY NORTH
AMERICA, LLC**



Principal Place of Business
**1434 CORNELL AVENUE
SPRING HILL, FL 34609 US**

Mailing Address
**20 SOUTH BROAD STREET
BROOKSVILLE, FL 34601 US**

24009852



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

87-0688819

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOGAN, THOMAS S JR.
20 SOUTH BROAD STREET
BROOKSVILLE, FL 34601**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME VAN LIMBERGEN, SERGE
STREET ADDRESS 1434 CORNELL AVENUE
CITY-ST-ZIP SPRING HILL, FL 34609

TITLE MGR ☐ Delete
NAME STERKENS, MARLEEN
STREET ADDRESS 1434 CORNELL AVENUE
CITY-ST-ZIP SPRING HILL, FL 34609

TITLE MGR ☐ Delete
NAME MCCALL, DEBORAH
STREET ADDRESS 20 SOUTH BROAD STREET
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MARLEEN STERKENS 02/09/04 352-686-5713