

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

**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**



04102005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**87-0688819**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**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**

U000000310415  
04/18/05-80003-023 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	VAN LIMBERGEN, SERGE
STREET ADDRESS	1434 CORNELL AVENUE
CITY - ST - ZIP	SPRING HILL, FL 34609
TITLE	MGR
NAME	STERKENS, MARLEEN
STREET ADDRESS	1434 CORNELL AVENUE
CITY - ST - ZIP	SPRING HILL, FL 34609
TITLE	MGR
NAME	MCCALL, DEBORAH
STREET ADDRESS	20 SOUTH BROAD STREET
CITY - ST - ZIP	BROOKSVILLE, FL 34601
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 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 #

**MARLEEN STERKENS**

**4/14/05 352-686-5713**