## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

#### Jul 19, 2004 8:00 am **Secretary of State DOCUMENT # L03000029488** 07-19-2004 90234 001 \*\*\*\*50.00 FOUR C'S FAMILY SPORTS PUB LLC. Principal Place of Business Mailing Address 32 B.MOORE ROAD 32 B.MOORE ROAD 14040000 HAINES CITY, FL 33844 HAINES CITY, FL 33844 US US 2. Principal Place of Business 3. Mailing Address BEEF & Brad. Suite, Apt. #, etc. 45653 US AW 27 N Suite, Apt. #, etc. 07062004 Chq-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 56-239748*5* DAUSE PORT Not Applicable Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired 338 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OWENS, DUNCAN Street Address (P.O. Box Number is Not Acceptable) 32 B.MOORE ROAD HAINES CITY, FL 33844 City,. 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 (NOTE: Registered Agent signature required when reinstating) red agent and title if applicable Filing Fee is \$50.00 6 Due by September 8, 2004 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE . Delete TITLE Change Addition OWENS, DUNCAN NAME NAME 32 B.MOORE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HAINES CITY, FL 33844 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE Change ☐ Addition OWENS, MARY ANN NAME STREET ADDRESS 32 B MOORE ROAD STREET ADDRESS HAINES CITY, FL 33844 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE \_\_ \_ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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. 7-10-04 ING MANAGING MEMBER, MANAGER, OR ALITHORIZED REPRESENTATIVE

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Attachment

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Public Inquiry

# Florida Limited Liability

## FOUR C'S FAMILY SPORTS PUB LLC.

PRINCIPAL ADDRESS 32 B.MOORE ROAD HAINES CITY FL 33844 US

### MAILING ADDRESS 32 B.MOORE ROAD HAINES CITY FL 33844 US

Document Number L03000029488 FEI Number NONE Date Filed 08/11/2003

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**Total Contribution** 0.00

Registered Agent

Name & Address

OWENS, DUNCAN 32 B.MOORE ROAD HAINES CITY FL 33844

Manager/Member Detail

Name & Address	Title
OWENS, DUNCAN 32 B.MOORE ROAD	MGRM
HAINES CITY FL 33844 US	
OWENS, MARY ANN	
32 B.MOORE ROAD	MGRM
HAINES CITY FL 33844 US	

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