

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000029488

1. Entity Name  
FOUR C'S FAMILY SPORTS PUB LLC.



Principal Place of Business  
45655 US HWY 27 N  
DAVENPORT, FL 33897 US

Mailing Address  
45655 US HWY 27 N  
DAVENPORT, FL 33897 US



03022006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-2397485

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**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

*Duncan Owens*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/7/06  
DATE

Filing Fee is \$50.00  
Due by May 1, 2006

000000460397  
03/23/06-80009-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
OWENS, DUNCAN  
32 B. MOORE ROAD  
HAINES CITY, FL 33844

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
OWENS, MARY ANN  
32 B. MOORE ROAD  
HAINES CITY, FL 33844

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Duncan Owens* DUNCAN OWENS

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

3/7/06

Date

863-420-3350

Daytime Phone #