

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000029488

**FILED**  
**Mar 08, 2010**  
**Secretary of State**

**Entity Name:** FOUR C'S FAMILY SPORTS PUB LLC.

**Current Principal Place of Business:**

45655 US HWY 27 N  
DAVENPORT, FL 33897 US

**New Principal Place of Business:**

**Current Mailing Address:**

45655 US HWY 27 N  
DAVENPORT, FL 33897 US

**New Mailing Address:**

**FEI Number:** 56-2397485

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

OWENS, DUNCAN  
958 HAMILTON CIR.  
HAINES CITY, FL 33844 US

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.

**SIGNATURE:** DUNCAN OWENS

03/08/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** OWENS, DUNCAN  
**Address:** 958 HAMILTON CIR.  
**City-St-Zip:** HAINES CITY, FL 33844 US

**Title:** MGRM  
**Name:** OWENS, MARY ANN  
**Address:** 958 HAMILTON CIR.  
**City-St-Zip:** HAINES CITY, FL 33844 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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

MR.

03/08/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date