

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # L03000051253

1. Entity Name
O'DOHERTY'S RESTAURANT & IRISH PUB, LLC



Principal Place of Business
918 NEW YORK AVENUE
ST. CLOUD, FL 34769

Mailing Address
918 NEW YORK AVENUE
ST. CLOUD, FL 34769



03222007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0724446

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

O'DOHERTY, TERESA
2 MACON WAY
ST. CLOUD, FL 34769

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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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME O'DOHERTY, TERESA
STREET ADDRESS 2 MACON WAY
CITY - ST - ZIP ST. CLOUD, FL 34769

TITLE MGR
NAME O'DOHERTY, CAHIR
STREET ADDRESS 2 MACON WAY
CITY - ST - ZIP ST. CLOUD, FL 34769

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04/29/07-80001-012 50.00

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: Teresa O'Doherty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/6/07
Date Daytime Phone #