2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 19, 2008 8:00 am Secretary of State 06-19-2008 90089 019 ***143.75

DOCUMENT # L05000026550 1. Entity Name F&D SPORTSBARS, LLC						06-19-2008 90089 019 ***143.75			
Principal Place ROCK-N-SPO 1811 N 1571 TAMPA, FL 3	rt bar I street -	Mailing Address 1811 N 15TH ST TAMPA, FL 33605	1811 N 15TH-ST			50,007253 			
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
	8TH AVENUE	1600 E 8TH AVENUE Suite, Apt. #, etc.							
Suite, Apt. #, etc. E200		E200		06042008	Chg-LLC	CR2E083 (12/06)			
City & State		City & State		4. FEI Numb) e r	∠	pplied For		
TAMPA FL 33605		TAMPA FL			33-111	13962		ot Applicable	
Ζiρ 33605	Country USA	Zip 22605	Coun		5. Certificate	of Status Desired	\$5.00 Ad		
33605	6. Name and Address of Current	33605 Registered Agent	USA	<u>`</u>	7. Name and	d Address of New R	<u></u>	-	
				Name					
EASTLING, FRANJA K 13423 WHITE ELK LOOP				Street Address (P.O. Box Number is Not Acceptable)					
TAMPA, FI		31861 A0016		, , o, ,		·			
				City			FL Zip Coo	de	
8 The above	named entity submits this statement to	r the purpose of changing its	s register	ed office or re-	gistared agent, or be	oth, in the State of Flo		and accept	
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									
FILE NOWIII FEE IS \$138.75 In accordance with s. 607 Due by September 12, 2008 liability company did not				193(2)(b), F.5 ceive the pric	S., the limited or notice.		e check payable to a Department of Sta	te	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE	MGRM	☐ Delete	TITL	E			☐ Change	☐ Addition	
NAME				AE					
STREET ADDRESS CITY-ST-ZIP	10.120.11.11.12.21.1			EET ADDRESS (-ST-ZIP					
TITLE	()			E			Change	Addition	
NAME	DEL RICCIO, DEAN J	Delete	NAN					G	
STREET ADDRESS	4617 GATEWAY BLVD			EET ADDRESS					
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543			r-St-ZIP					
TITLE	☐ Delete III						☐ Change	■ Addition	
NAME STREET ADDRESS	- I			AE EET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
TITLE		☐ Delete	THE	.E			☐ Change	Addition	
NAME			NAN						
STREET ADDRESS CITY-ST-ZIP	l			EET ADDRESS Y-ST-ZIP					
			TITL				Change	Addition	
TITLE NAME				AE .			டு வெழு	Addition	
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			CIT	Y-ST-ZIP					
TITLE		, 🔲 Delete	TITE	_			Change	☐ Addition	
NAME	1	•	NAS						
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP					
M. I have be extituted the information an obligative the filling does not qualify for the everyptions contained in Chapter 119 Florida Statutes. I further certify that the information									
indicated on this report is true and accurable 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: 6 8 08									
SIGNAL	SIGNATURE AND TYPED OR PRINTED NAME OF	OF SIGNING MANAGING MEMBER, M	ANAGER, C	R AUTHORIZED RI	EPRESENTATIVE	Date	Daylime Phone 6	1	