

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000056172

**FILED**  
**Mar 31, 2012**  
**Secretary of State**

**Entity Name:** IRISH PUB GROUP OF THE AMERICAS L.L.C.

**Current Principal Place of Business:**

464 SW PORT ST LUCIE BLVD  
#415  
PORT SAINT LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

815 NORTH HAYDEN RD #A1  
SCOTTSDALE, FL 85257

**New Mailing Address:**

**FEI Number:** 14-1962478

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SULLIVAN, ROBERT M  
4372 SOUTH U.S. HWY 301  
BUSHNELL, FL 33513 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MAXWELL, ANDREW  
**Address:** 815 NORTH HAYDEN RD #A1  
**City-St-Zip:** SCOTTSDALE, AZ 85257

**Title:** MGRM  
**Name:** KINGSTON, TREVOR  
**Address:** 815 N HAYDEN RD #A1  
**City-St-Zip:** SCOTTSDALE, AZ 85257

**Title:** MGR  
**Name:** FULLER, STEPHEN  
**Address:** 815 N HAYDEN RD #A1  
**City-St-Zip:** SCOTTSDALE, AZ 85257

**Title:** MGR  
**Name:** SULLIVAN, ROBERT M  
**Address:** 4372 S US HIGHWAY 301  
**City-St-Zip:** BUSHNELL, FL 33513

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:** TREVOR KINGSTON

MGR

03/31/2012

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