

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90118 043 ***143.75

DOCUMENT # L06000073291

1. Entity Name
GUNSLINGERS SALOON LLC



Principal Place of Business
**1824 EAGLE TRACE BLVD
PALM HARBOR, FL 34685**

Mailing Address
**1824 EAGLE TRACE BLVD
PALM HARBOR, FL 34685**

60016258



2. Principal Place of Business - No P.O. Box #

15241 SW 49th st.

3. Mailing Address

15241 SW 49th st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072008 Chg-LLC CR2E083 (12/06)

City & State

DAVIE, FL

City & State

DAVIE, FL

4. FEI Number

87-0777431

Applied For

Not Applicable

Zip

33331

Country

USA

Zip

33331

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BROMAN, LYNDIA
1824 EAGLE TRACE BLVD
PALM HARBOR, FL 34685**

7. Name and Address of New Registered Agent

Name

Michael GABER

Street Address (P.O. Box Number is Not Acceptable)

15241 SW 49th st

City

DAVIE

FL

Zip Code

33331

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]

Michael GABER

3/18/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BROMAN, LYNDIA
1824 EAGLE TRACE BLVD
PALM HARBOR, FL 34685** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GABER, MICHAEL
15241 SOUTH WEST 49TH STREET
DAVIE, FL 33331** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Cardenas, Isidoro
4435 Crossjack Ct.
Ft. Myers, FL 33919** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

[Signature] **Michael Gaber**

3/18/08

954 325 9747

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

Date

Daytime Phone #