## **2008 LIMITED LIABILITY COMPANY**

## Feb 22, 2008 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # L07000118249** 1. Entity Name 02-22-2008 90038 026 \*\*\*138.75 BLACK HILLS SALOON, LLC Mailing Address Principal Place of Business 5005 S. RIDGEWOOD AVE. 5005 S. RIDGEWOOD AVE. (0000) PORT ORANGE, FL 32127 PORT ORANGE, FL 32127 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 02052008 CR2E083 (12/06) Cha-LLC Applied For City & State City & State 4. FEI Number Not Applicable Country \$5.00 Additional Zip • Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRAY, N. DWAYNE JR., ESQ. 201 EAST PINE STREET, SUITE 500 Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32801 Zip Code 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) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. Addition TITLE ☐ Delete TITLE ☐ Change CARDONELL, MELVIN III NAME STREET ADDRESS 5005 S. RIDGEWOOD AVE. STREET ADDRESS CITY-ST-ZIP PORT ORANGE, FL 32127 CITY-ST-ZIP MGR Delete TITLE Change ☐ Addition REEVES, MICHAEL P NAME MAME 5005 S. RIDGEWOOD AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE, FL 32127 Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITI F TIME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TILE NAME NAME

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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.

STREET ADDRESS

CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP