

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000105259

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** BLACK STAR WHISKEY PUBLISHING LLC

**Current Principal Place of Business:**

610 INDIAN ROCKS RD. NORTH  
SUITE 213  
BELLEAIR BLUFFS, FL 33770 US

**New Principal Place of Business:**

**Current Mailing Address:**

610 INDIAN ROCKS RD. NORTH  
SUITE 213  
BELLEAIR BLUFFS, FL 33770 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

SABOURIN, WADE J  
610 INDIAN ROCKS RD. NORTH  
SUITE #213  
BELLEAIR BLUFFS, FL 33770 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:** MGRM  
**Name:** SABOURIN, WADE J  
**Address:** 610 INDIAN ROCKS RD. NORTH , SUITE # 213  
**City-St-Zip:** BELLEAIR BLUFFS, FL 33770 US

**Title:** MGR  
**Name:** PATTON, REJEANE  
**Address:** 2313 1ST STREET UNIT C  
**City-St-Zip:** INDIAN ROCKS BEACH, FL 33785 US

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: WADE SABOURIN

MGRM

04/25/2012

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