

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000057305

FILED  
Mar 13, 2012  
Secretary of State

**Entity Name:** TARPON HOSPITALITY GROUP, LLC

**Current Principal Place of Business:**

38724 U.S. 19 NORTH  
TARPON SPRINGS, FL 34689 US

**New Principal Place of Business:**

**Current Mailing Address:**

2958 KENILWICK DR. NORTH  
CLEARWATER, FL 33761 US

**New Mailing Address:**

FEI Number: 27-2836006

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MENNA, AMY M  
2958 KENILWICK DR. N  
CLEARWATER, FL 33761 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: PART  
Name: MENNA-EGERTER, AMY M  
Address: 2958 KENILWICK DR. N.  
City-St-Zip: CLEARWATER, FL 33761 US

Title: PART  
Name: CASTELLI, DAVID & ELISA  
Address: 2958 KENILWICK DR. N  
City-St-Zip: CLEARWATER, FL 33761

Title: PART  
Name: MENNA, AGOSTINO & MAR  
Address: 2958 KENILWICK DR. N.  
City-St-Zip: CLEARWATER, FL 33761 US

Title: PART  
Name: MENNA, MARCO & ANNA-M  
Address: 2958 KENILWICK DR. N.  
City-St-Zip: CLEARWATER, FL 33761 US

Title: PART  
Name: MENNA, MARIO & JOHN  
Address: 2958 KENILWICK DR. N.  
City-St-Zip: CLEARWATER, FL 33761 US

Title: PART  
Name: LEGNINI, GUISEPPE  
Address: 2958 KENILWICK DR. N.  
City-St-Zip: CLEARWATER, FL 33761 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: AMY M. MENNA

MGRM

03/13/2012

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