

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000063399

Entity Name: CHARLIE'S TAVERN, LLC

**FILED**  
**Mar 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

229 DEL PRADO BLVD., N.  
UNIT 6  
CAPE CORAL, FL 33909 US

**New Principal Place of Business:**

**Current Mailing Address:**

229 DEL PRADO BLVD., N.  
UNIT 6  
CAPE CORAL, FL 33909 US

**New Mailing Address:**

FEI Number: 27-2803362

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GIANCOLA, JOSEPH R ESQ  
2802 SW 18TH AVENUE  
CAPE CORAL, FL 33914 US

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

MORIN, KATIE L  
1019 NW19TH STREET  
CAPE CORAL, FL 33993 US

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: KATIE LYNN MORIN

03/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MORIN, KATIE L  
Address: 1019 NW 19TH STREET  
City-St-Zip: CAPE CORAL, FL 33993 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: KATIE LYNN MORIN

MGRM

03/25/2011

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