

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000015810

Entity Name: AIDAN & SAOIRSE LLC

**FILED**  
**Apr 07, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

302 E. KENNEDY BLVD.  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

12020 4TH ST. E.  
TREASURE ISLAND, FL 33706

**New Mailing Address:**

FEI Number: 35-2402574

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CULLEN, DAVID J  
12020 4TH ST. E.  
TREASURE ISLAND, FL 33706 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: CULLEN, DAVID J  
Address: 12020 4TH ST. E.  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: MGRM  
Name: CULLEN, LAUREN M  
Address: 12020 4TH ST. E.  
City-St-Zip: TREASURE ISLAND, FL 33706

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: DAVID J CULLEN

MGMR

04/07/2012

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