

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000022058

**Entity Name:** TIP JAR HOSPITALITY, LLC

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

700 S HARBOUR ISLAND BLVD  
116  
TAMPA, FL 33602

**New Principal Place of Business:**

700 S HARBOUR ISLAND BLVD  
116  
TAMPA, FL 33602 UN

**Current Mailing Address:**

700 S HARBOUR ISLAND BLVD  
116  
TAMPA, FL 33602

**New Mailing Address:**

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

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

ANDREW, BONNEMORT Y  
700 S HARBOUR ISLAND BLVD  
116  
TAMPA, FL 33602 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:** STUART, CAROLINE  
**Address:** 601 CHANNELSIDE WALK WAY #1232  
**City-St-Zip:** TAMPA, FL 33602 US

**Title:** MGRM  
**Name:** BONNEMORT, ANDREW Y  
**Address:** 700 S HARBOUR ISLAND BLVD UNIT 116  
**City-St-Zip:** TAMPA, FL 33602 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: ANDREW BONNEMORT MGRM 04/28/2012

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