

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000101323

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** JOHNNIE'S "OLE FASHION" BBQ AND THE NIGHT KITCHEN LLC

**Current Principal Place of Business:**

2718 S. SHADE AVE.  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

2718 S. SHADE AVE.  
SARASOTA, FL 34239 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:**

BLOWERS, JANIS C  
2718 S. SHADE AVE.  
SARASOTA, FL 34239 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: POOLE, JOHNNIE L JR.  
Address: 2731 CADIZ ST.  
City-St-Zip: NORTH PORT, FL 34286 US

Title: MGRM  
Name: POOLE, DIANE C  
Address: 2731 CADIZ ST.  
City-St-Zip: NORTH PORT, FL 34286 US

Title: MGRM  
Name: BLOWERS, JANIS C  
Address: 2718 S. SHADE AVE,  
City-St-Zip: SARASOTA, FL 34237 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:** JANIS C. BLOWERS

MGRM

04/29/2012

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