2003/UNIFORM BUSINESS REPORT (UBR)

				 	,					
DOCUMENT # M9600000236 1. Entity Name					FILED					
Changed to Flying Dog Brewery LLC			e ac lett	companying) er	OIMAY 11 AM 9: 29					
Principal Place 2401 BLAKE S DENVER CO 8	e of Business	Mailing Address 2401 BLAKE STREET DENVER CO 80205	Mailing Address 2401 BLAKE STREET			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat	e	City & State	City & State			84-1260705	: 	-	plied For t Applicable	
Zip Country		Zip				of Status Desired	\$5.00 Additional Fee Required			
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New Regi	stered Ag	ent		
MICRO MAN DISTRIBUTORS				Name						
1049 MAR	Y JANE LANE		Street A			s (P.O. Box Number is Not Acceptable)				
DUNEDIN FL 34698							: !			
				City			FL	Zip Code	;	
8. The above	named entity submits this statement f	or the purpose of changing its	s registere	d office or register	ed agent, or both	i, in the State of Florida	a.			
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registered	I Agent signature required	when reinstating)		DATE			
		FILE N	IOW!!! F	EE IS \$50.00			:			
		Make Check P	ayable to	Department o	f State					
9. MANAGING MEMBERS/MEMBERS			10.		ADDITIONS/CHANGES					
TITLE	MGRM	☐ Delete	☐ Delete					Change	☐ Addition	
NAME STREET ADDRESS	Warner, Eric 11497 E. Amherst Circle So	ITTL	NAME STREET ADDRESS							
CITY-ST-ZIP	AURORA CO 80014		CITY-							
TITLE		☐ Delete	TITLE				Ē	Change	Addition	
NAME			NAME		8	000043				
STREET ADDRESS CITY-ST-ZIP			STRE		ESS -06/0			\$3 76 5884 7701-01129-016 *50.00 *****50.00		
TITLE			TITLE			*****				
NAME	. La Delete		NAME				L] Change	☐ Addition	
STREET ADDRESS	•			ET ADDRESS						
CITY-ST-ZIP			CITY-	ST-ZIP			 			
TITLE NAME		☐ Delete	TITLE NAME] Change	Addition Addition	
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP	•		CITY-	ST-ZIP						
TITLE		☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					-		
CITY-ST-ZIP			4	ST-ZIP						
TITLE		☐ Defete	TITLE				- C	Change	Addition	
NAME CTOPET ADDRESS			NAME					-		
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP						
 	ertify that the information supplied with	h this filing does not qualify fo			ction 119.07/3\/i\	. Florida Statutes 1 fur	ther certify	that the in	formation	
indicated	ertify that the information supplied with on this report is true and accurate and	that my signature shall have	the same	legal effect as if m	ade under oath;	that I am a managing	member o	r manager	of the	

SIGNATURE: 4-20
SIGNATURE AND OWNER OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

303-292-5027