2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9600000236



FILED Mar 12, 2003 8:00 am Secretary of State

FLTING	DOG BREWERY LLC								
Principal Pla 2401 BLAKE DENVER CO		Mailing Address 2401 BLAKE STREET DENVER CO 80205							
·2. Principal	Place of Business	3. Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc. City & State			□ CI	HECK HERE	F MAKING	CHANGE	s
City & State				4. FEI Nu	4. FEI Number 84-1260705 Applied For				
Zip	Country	Zip	Country	5. Certific	ate of Stat	us Desired		\$5.00 A	Not Applicab dditional
	6. Name and Address of Curre	nt Registered Agent		7.~ Name a	and Addre	ss of New R		Fee Requi	red
MIC	CRO MAN DISTRIBUTORS		Name	- ,	****		<u> </u>		
104	9 MARY JANE LANE NEDIN FL 34698		Street Addr		s (P.O. Box Number is Not Acceptable)				
	,		City			 .	FL	Zip Co	de .
8. The above	e named entity submits this statement tions of registered agent.	for the purpose of changing it	s registered office or	registered agent, or	both, in the	State of Flor	ida. I am f	amiliar with	and accent
	llions of registered agent.		-						
SIGNATURE	Signature, typed or printed name of registered age	of and title if applicable (NO)	T- D						
		in and the inapplicable. (NO	i c: negisterea Agent signatui	e required when reinstating)			DATE		
-			OW!!! FEE IS \$5	re required when reinstating)		 -	DATE		, _
		FILE N Make Check Payab	OW!!! FEE IS \$5 le to Florida Dep	60.00 artment of State	,		DATE		
		FILE N Make Check Payab Du	OW!!! FEE IS \$5 lie to Florida Dep le By May 1, 2003	60.00 artment of State			DATE		-
9. ,	MANAGING MEME	FILE N Make Check Payab Du BERS/MANAGERS	OW!!! FEE IS \$5 ble to Florida Dep be By May 1, 2003	60.00 artment of State		ADDITIONS/C			
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indicated on this report is true and accurate and that my 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE