

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000025099

**Entity Name:** INDIAN PASS RAW BAR & GRILL LLC

**Current Principal Place of Business:**

411 REID AVENUE  
PORT ST JOE, FL 32456

**Current Mailing Address:**

116A SAILOR'S COVE  
PORT ST JOE, FL 32456

**FEI Number:** 81-5204709

**Certificate of Status Desired:** No

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

ROBERSON, RALPH C  
116A SAILOR'S COVE  
PORT ST JOE, FL 32456 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name ROBERSON, RALPH C  
Address 116A SAILOR'S COVE  
City-State-Zip: PORT ST JOE FL 32456

Title MGR  
Name RISH, RALPH P  
Address 324 MARINA DRIVE  
City-State-Zip: PORT ST JOE FL 32456

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RALPH ROBERSON

MGR

04/10/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date