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

SIGNATURE: MARY JO CUBLEY

Electronic Signature of Signing Authorized Person(s) Detail

# 14251 GANT AVE. PENSACOLA. FL 32507 US

Entity Name: CUB & SONS CRAWFISH, LLC

**Current Principal Place of Business:** 

## FEI Number: 46-2522221

**Current Mailing Address:** 

DOCUMENT# L13000052712

11125 LILLIAN HWY. PENSACOLA, FL 32506

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

CUBLEY, MARY J 14251 GANT AVE. PENSACOLA, FL 32507 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

### Authorized Person(s) Detail :

Title	CFO	Title	CEO
Name	CUBLEY, MARY JO	Name	CUBLEY, WILLIAM C
Address	14251 GANT AVE.	Address	11105 LILLIAN HWY
City-State-Zip:	PENSACOLA FL 32507	City-State-Zip:	PENSACOLA FL 32506

that my name appears above, or on an attachment with all other like empowered.

CFO

#### FILED Nov 07, 2016 Secretary of State CC7258563053

Certificate of Status Desired: No

Date

11/07/2016 Date