

AMENDED

FILED

02 DEC 24 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000002376

1. Entity Name

MAINE WAY SEAFOOD, LLC

DO NOT WRITE IN THIS SPACE

500009676665
12/24/02--01061--003 **50.00

2. Principal Place of Business
5777 BENEVA ROAD SOUTH

3. Mailing Address
5777 BENEVA ROAD SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SARASOTA, FL

City & State
SARASOTA, FL

4. FEI Number
65-0985947

Applied For
Not Applicable

Zip
34233

Country
USA

Zip
34233

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DANIEL L. PREWETT

Street Address (P.O. Box Number is Not Acceptable)

5777 BENEVA ROAD SOUTH

City
SARASOTA

FL

Zip Code
34233

8. 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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Daniel L. Prewett
4410 Garcia Ave.
Sarasota, FL 34233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Regina Soules
4120 Malden Dr.
Sarasota, FL 34241

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Peter Kaufman
1513 Caribbean Dr.
Sarasota, FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Jennifer Jaworski
900 Shire Street
Nokomis, FL 34275

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Boyd Kessler
900 Shire Street
Nokomis, FL 34275

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Burton Weenick
3580 Bayou Circle
Longboat Key, FL 34228

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 or 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

Date

Daytime Phone #

CR2E083B (12/01)