

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000022609**

1. Entity Name  
**THE BOTTOM FEEDER, L.L.C.**



Principal Place of Business  
**1877 NORTHGATE BLVD  
SUITE 2  
SARASOTA, FL 34234**

Mailing Address  
**1877 NORTHGATE BLVD  
SUITE 2  
SARASOTA, FL 34234**



03162007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**45-0465073**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ARENDALL, DIANE  
1877 NORTHGATE BLVD, STE 2  
SARASOTA, FL 34234**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	P
NAME	KELLY, WILLIAM P
STREET ADDRESS	1877 NORTHGATE BLVD SUITE 2
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	S
NAME	ARENDALL, DIANE E
STREET ADDRESS	1877 NORTHGATE BLVD SUITE 2
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	V
NAME	KELLY, ROSE K
STREET ADDRESS	1920 38TH ST W
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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05/09/07-80108-010.50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**3-16-07 (941) 358-8490**