

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000001024

1. Entity Name
BITE-A-BAIT, L.L.C.



Principal Place of Business
994 BLANDING BOULEVARD
#107
ORANGE PARK, FL 32065

Mailing Address
2852 NAVAJO ROAD
ORANGE PARK, FL 32065



04282008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0048595

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KORI, CHARLES W MGRM
2852 NAVAJO ROAD
ORANGE PARK, FL 32065

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000931721
05/22/08-80027-001 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KORI, CHARLES
STREET ADDRESS	2852 NAVAJO ROAD
CITY-ST-ZIP	ORANGE PARK, FL 32065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: Charles Kori CHARLES KORI 4/28/08 904/213-9594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #