

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90183 037 ****50.00

DOCUMENT # L02000004031

1. Entity Name
SOUTHERN SEAFOOD DISTRIBUTORS, LLC



Principal Place of Business
1335 10TH ST E., STE E
PALMETTO, FL 34221

Mailing Address
1335 10TH ST E., STE E
PALMETTO, FL 34221

24024614



01062004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0390669

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KEARNEY, W. DANIEL
1329 US HWY 301
PALMETTO, FL 34221

**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, 2004

9. MANAGING MEMBERS/MANAGERS

| | |
|-----------------------|------------------------------|
| TITLE | ST |
| NAME | MORRELL, ALLEN |
| STREET ADDRESS | 1335 10TH ST E, STE E |
| CITY-ST-ZIP | PALMETTO, FL 34221 |
| TITLE | V |
| NAME | MORRELL, KEITH |
| STREET ADDRESS | 1335 10TH ST E, STE E |
| CITY-ST-ZIP | PALMETTO, FL 34221 |
| TITLE | P |
| NAME | SOWA, WALTER |
| STREET ADDRESS | 1335 10TH ST E, STE E |
| CITY-ST-ZIP | PALMETTO, FL 34221 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-15-04 901-722-3320