

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90037 022 \*\*\*\*50.00

**DOCUMENT # L02000004031**



1. Entity Name  
**SOUTHERN SEAFOOD DISTRIBUTORS, LLC**

Principal Place of Business  
**1301 10TH ST E  
SUITE G  
PALMETTO FL 34221**

Mailing Address  
**1301 10TH ST E  
SUITE G  
PALMETTO FL 34221**

2. Principal Place of Business  
**1335 10<sup>th</sup> St East  
Suite E**

3. Mailing Address  
**1335 10<sup>th</sup> St. East  
Suite E**

City & State  
**Palmetto Florida**  
Zip  
**34221**  
Country  
**Manatee**

City & State  
**Palmetto, Florida**  
Zip  
**34221**  
Country  
**Manatee**

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**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
State **FL** Zip Code

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	<b>Allen Morrell</b>	<b>1335 10<sup>th</sup> St E. Suite E</b>	<b>Palmetto, FL 34221</b>		
	<b>Keith Morrell</b>	<b>1335 10<sup>th</sup> St E. Suite E</b>	<b>Palmetto, FL 34221</b>		
	<b>Wanda Souva</b>	<b>1335 10<sup>th</sup> St E. Suite E</b>	<b>Palmetto, FL 34221</b>		

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: x SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3-17-03**

Date

Daytime Phone #

**941-722-3326**

CR2E083 (10/02)