2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008
Secretary of State

DOCUMENT# L02000010894

Entity Name: CUTTHROAT CLAMS, L.L.C.

Current Principal Place of Business:

5203 CURLEW DRIVE
ST. JAMES CITY, FL 33956

New Principal Place of Business:

Current Mailing Address:

5203 CURLEW DRIVE
ST. JAMES CITY, FL 33956

New Mailing Address:

FEI Number: 04-3657098 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HEEB, TAMMIE
5203 CURLEW DRIVE
ST. JAMES CITY, FL 33956 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HEEB, TAMMIE D
Address: 5203 CURLEW DRIVE
City-St-Zip: ST. JAMES CITY, FL 33956

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HEEB, TAMMIE D
Address: 5203 CURLEW DRIVE
City-St-Zip: ST. JAMES CITY, FL 33956

Title: MGRM ( ) Change (X) Addition
Name: HEEB, ANTHONY C
Address: 5203 CURLEW DR.
City-St-Zip: ST. JAMES CITY, FL 33956

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TAMMIE D. HEEB MGRM 04/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date