

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 21, 2005 8:00 am**  
**Secretary of State**

07-21-2005 90010 024 \*\*\*150.00

**DOCUMENT # L02000022304**

1. Entity Name

OYSTER SHUCKER, LLC



Principal Place of Business

650 COREY DRIVE  
ST. PETERSBURG BEACH FL 33706

Mailing Address

PO BOX 49030  
SAINT PETERSBURG FL 33743



2. Principal Place of Business

3. Mailing Address

1st MOORE

CR2E083 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1646154

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEORGE, DAVID F  
420 55TH AVE  
SAINT PETERSBURG FL 33706

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete  
NAME GEORGE, DAVID F  
STREET ADDRESS 420 55TH AVE  
CITY-ST-ZIP SAINT PETERSBURG FL 33706

TITLE MGR ☐ Delete  
NAME GEORGE, MARLENE S  
STREET ADDRESS 420 55TH AVE  
CITY-ST-ZIP SAINT PETERSBURG FL 33706

TITLE MGRM ☐ Delete  
NAME RILES, ROXENE S  
STREET ADDRESS 506 55TH AVE  
CITY-ST-ZIP SAINT PETERSBURG FL 33706

TITLE MGRM ☐ Delete  
NAME GEORGE, MARLO D  
STREET ADDRESS 4870 BRITTANY DR S  
CITY-ST-ZIP SAINT PETERSBURG FL 33715

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7-16-05

727-303-1695