

FILED
Feb 26, 2003 8:00 am
Secretary of State

01-15-2003 90048 008 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

1/15/

DOCUMENT # L02000022304			
1. Entity Name OYSTER SHUCKER, LLC			
Principal Place of Business 650 COREY DRIVE ST. PETERSBURG BEACH FL 33708		Mailing Address 650 COREY DRIVE ST. PETERSBURG BEACH FL 33708	
2. Principal Place of Business		3. Mailing Address P.O. Box 49030	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State St Pete FL	
Zip	Country	Zip	Country
33743		PineHus	
4. FEI Number 06-1646154		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent OTTINGER, DAVID J. ESQ. 201 NORTH FRANKLIN STREET, SUITE 2200 TAMPA FL 33802		7. Name and Address of New Registered Agent Name: DAVID F. GEORGE Street Address (P.O. Box Number is Not Acceptable) 420 55th AVE City: St. Pete Beach FL Zip Code: 33706	
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 		DATE 01-08-03	
(NOTE: Registered Agent signature required when retaking)		DATE	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID F. GEORGE, MANAGER 420 55th AVE St Pete Beach, FL 33706	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARLENE S. GEORGE, MANAGER 420 55th AVE ST PETE BEACH, FL 33706	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROANE S. RILES, Mgt. Member 506 55th AVE ST PETE BEACH, FL 33706	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARLO D. GEORGE, Mgt. Member 4870 BRITTANY DRIVE S. #111 ST PETERSBURG, FL 33715	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		01-08-03 727-363-1495	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

CR2E083 (10/02)