


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000031330
1. Entity Name
FRESH DEAD FISH, LLC



Principal Place of Business Mailing Address
203 SABINE DRIVE **P.O. BOX 1373**
PENSACOLA BEACH, FL 32561 **GULF BREEZE, FL 32562**

DO NOT WRITE IN THIS SPACE



01102007No Chg-LLC CR2E083 (11/05)

4. FEI Number 82-0987055	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AMBERSON, KRISTIN S
203 SABINE DRIVE
PENSACOLA BEACH, FL 32561

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000630186
02/19/07-80030-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMBERSON, KRISTIN 203 SABINE DR PENSACOLA BCH, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMBERSON, SCOTT 203 SABINE DR. PENSACOLA BCH, FL 32561
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Kristin Amberson* **Kristin Amberson** 1/10/07 850 934-7112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #