

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90040 008 ***138.75

DOCUMENT # L03000006941

1. Entity Name
STRIKE-ZONE FISHING, LC



Principal Place of Business
**1301 RIVERPLACE BLVD., STE. 1609
JACKSONVILLE, FL 32207**

Mailing Address
**1301 RIVERPLACE BLVD., STE. 1609
JACKSONVILLE, FL 32207**

2. Principal Place of Business - No P.O. Box #
11702 Beach Blvd.
Suite, Apt. #, etc.

3. Mailing Address
11702 Beach Blvd.
Suite, Apt. #, etc.

City & State
Jacksonville, FL
Zip
32246
Country
US

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Jacksonville, FL
Zip
32246
Country
US

04212008 Chg-LLC CR2E083 (12/06)

4. FEI Number
01-0782925

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PEEK, EUGENE G III
1301 RIVERPLACE BLVD., STE. 1609
JACKSONVILLE, FL 32207**

7. Name and Address of New Registered Agent

Name
David E. Workman, Jr.
Street Address (P.O. Box Number is Not Acceptable)
11702 Beach Blvd.

City
Jacksonville **FL** Zip Code
32246

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PEEK, EUGENE G III
1301 RIVERPLACE BLVD., STE. 1609
JACKSONVILLE, FL 32207** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WORKMAN, DAVID E JR
1301 RIVERPLACE BLVD, STE. 1609
JACKSONVILLE, FL 32207** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
**501 Riverside Ave., Suite 601
Jacksonville, FL 32202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
**11702 Beach Blvd.
Jacksonville, FL 32246**

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

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

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☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

DAVE WORKMAN JR - MANAGER

04/22/08 (904) 641-2433