

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000018110</b>							
<b>1. Entity Name</b> DEAD MEAT, LLC							
<b>Principal Place of Business</b> 4186 48TH AVENUE SOUTH C/O JAMES BOCHIS ST. PETERSBURG FL 33711			<b>Mailing Address</b> 4186 48TH AVENUE SOUTH C/O JAMES BOCHIS ST. PETERSBURG FL 33711				
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	<b>4. FEI Number</b> 57-1173561 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  BOCHIS, JAMES 4186 48TH AVENUE SOUTH ST. PETERSBURG FL 33711			<b>7. Name and Address of New Registered Agent</b>				
			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City				
			FL		Zip Code		
<b>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.</b>							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)							
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>							
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOCHIS, JAMES G MR 4186 48TH AVE S SAINT PETERSBURG FL 33711	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete					
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete					
<b>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.</b>			U00000221294 02/09/05-80028-023 50.00				
<b>SIGNATURE:</b>			JAMES G. BOCHIS				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 2/5/05				
			Daytime Phone #: 727.864.9382				