

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000051923

1. Entity Name
FISHPERIENCE, LLC



SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN -3 AM 10:18

Principal Place of Business
3001 LIVINGSTON RD
TALLAHASSEE, FL 32303 US

Mailing Address
3001 LIVINGSTON RD
TALLAHASSEE, FL 32303 US

DO NOT WRITE IN THIS SPACE

01032006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
30-0220991

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERTZ, JAMES D
3001 LIVINGSTON RD
TALLAHASSEE, FL 32303

**DO NOT WRITE
IN THIS SPACE**

☒ 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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MERTZ, JAMES D
3001 LIVINGSTON RD
TALLAHASSEE, FL 32303

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/3/06

508-5584(850)