

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90022 024 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000001382

1. Entity Name
REEF LIGHT TACKLE, LLC



Principal Place of Business
**29770 OVERSEAS HIGHWAY
BIG PINE KEY, FL 33043**

Mailing Address
**29770 OVERSEAS HIGHWAY
BIG PINE KEY, FL 33043**

60036853



04212008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0590336

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THOMAS, TERRY J
21147 CACTUS LANE
BIG PINE KEY, FL 33043**

**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
THOMAS, TERRY J
29770 OVERSEAS HWY
BIG PINE KEY, FL 33043**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
THOMAS, MARY J
29770 OVERSEAS HWY
BIG PINE KEY, FL 33043**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
THOMAS, TERRY J
29770 OVERSEAS HWY
BIG PINE KEY, FL 33043**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

4/29/08

Date

305-812-7619

Daytime Phone #