2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 25, 2008 08:00 AM Secretary of State

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1. Entity Name

RIVER CITY SEAFOOD INTERNATIONAL, LLC



Principal Place of Business

Mailing Address

233 EAST BAY STREET, 720 BLACKSTONE BLDG JACKSONVILLE, FL 32202

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02272008 No Chg-LLC

CR2E083 (12/07)

DO	NOT	WRITI	E IN THIS	SPACE

Applied For 4. FEI Number 20-1325330 Not Applicable \$5.00 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

ROLFE, LAWRENCE C 233 EAST BAY STREET, 720 BLACKSTONE BLDG JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

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Signature, typed or printed name of registered agent and title if applicable,	(NOTE: Registered Agent signature required when reinstating)	DATE
SIGNATURE		
the obligations of registered agent.	aging its registered diffice of registered again, or both, in	the State of Florida. If an Hamilian with, and accept
The above named entity submits this statement for the purpose of chan	soing its registered office or registered agent, or both, in	the State of Florida. I am familiar with and accept

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000321369 n5/15/08-80004-001 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROLFE, LAWRENCE C 233 EAST BAY STREET, 720 BLACKSTONE BLDG JACKSONVILLE, FL 32202
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NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 acquirate and hat 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 received control of the control of the limited liability company or the received control of the limited liability control of the limited liability control of the limited liability control of the liability control of

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MAP G MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #