


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000063130 1. Entity Name AMERICAN SHRIMP, L.L.C.	
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Principal Place of Business 1659 COASTAL HIGHWAY PANACEA, FL 32346	Mailing Address 1659 COASTAL HIGHWAY PANACEA, FL 32346
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DO NOT WRITE IN THIS SPACE



01232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 70-1539756	Applied For Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ENRIQUEZ, BELARMINO
13460 SW 36 ST
MIAMI, FL 33175

**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 ENRIQUEZ, BELARMINO 13460 SW 36 ST MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESPEJO, MANUEL 6470 SW 19 ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINEZ, RAUL 412 W 15 STREET HIALEAH, FL 33010
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000801310
02/01/08-80013-007 138.75

**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 606, Florida Statutes.

SIGNATURE:  **01/23/08** **(786) 863-0140**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #