

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000022702

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** BETTER BAIT SYSTEMS, LLC

**Current Principal Place of Business:**

22923 DIRK LN.  
CUDJOE KEY, FL 33042 US

**New Principal Place of Business:**

**Current Mailing Address:**

22923 DIRK LN.  
CUDJOE KEY, FL 33042 US

**New Mailing Address:**

**FEI Number:** 30-0406590

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRICKE, CHARLES JR  
22923 DIRK LN.  
CUDJOE KEY, FL 33042 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** FRICKE, CHARLES  
**Address:** 22923 DIRKLN.  
**City-St-Zip:** CUDJOE KEY, FL 33042 US

**Title:** MGRM  
**Name:** FRICKE, KEN III  
**Address:** 210 PALMETO AVE  
**City-St-Zip:** BIG PINE, FL 33043 US

**Title:** MGRM  
**Name:** FRICKE, SCOTT  
**Address:** 6455 NARRAMORE WAY  
**City-St-Zip:** LULA, GA 30554 US

**Title:** MGRM  
**Name:** FRICKE, THOMAS  
**Address:** 29836 JOURNEYS END RD  
**City-St-Zip:** BIG PINE, FL 33043 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** CHARLES FRICKE

OWNE

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date