2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000026647

1. Entity Name

HARRIS SEAFOOD COMPANY, LLC



Principal Place of Business

ORLANDO, FL 32837

1260 CENTRAL FLORIDA PARKWAY

Mailing Address

1260 CENTRAL FLORIDA PARKWAY

ORLANDO, FL 32837

FILED Apr 10, 2008 08:00 Al Secretary of State



04082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-2528365		Not Applicable
5. Certificate of Status Desired	\$5.0	Additional

6. Name and Address of Current Registered Agent

DARMOC, DENNIS P 1260 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32837

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	Signature, typed or printed name of registered agent and title if englicable	(NOTE: Registered Anont signature required when reinstating)	,	1ATF	
SIGNATURE	<u> </u>				_
the oblig	ations of registered agent.				
	ve named entity submits this statement for the purpose of change	ng its registered office or registered agent, or bo	in, in the State of Figrida.	i am iamiliar with, and a	accept

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

Un0000889067 04/22/08-80037-017 138.75

9.	MANAGING MEMBERS/MANAGERS				
TITLE	MGRM	•			
NAME	WOODSBY, JAMES H	,			
STREET ADDRESS	1260 CENTRAL FLORIDA PARKWAY				
CITY-ST-ZIP	ORLAND, FL 32837				
TITLE					
NAME		,			
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CITY-ST-ZIP					
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NAME					
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11. I haraby cartify that the information cumplied with this filling does not qualify for the exemptions contained in Cheeter 110. Florida Statutes Lifether continues the information					

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #