


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L05000057527 1. Entity Name GULF SEAFOOD TRADERS LLC |  |
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| Principal Place of Business 700 ELEVENTH STREET SOUTH, PH2 NAPLES, FL 34102-6777 | Mailing Address 700 ELEVENTH STREET SOUTH, PH2 NAPLES, FL 34102-6777 |
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01112007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 84-1682811 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

6. Name and Address of Current Registered Agent

**ABLE ADVISORY, INC.
700 ELEVENTH STREET SOUTH, PH2
NAPLES, FL 34102-6777**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR AOMAC LIMITED BISON COURT, ROAD TOWN TORTOLA, BVI, |
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05/08/07-80026-016 50.00

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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

4-16-07

239-430-4340

Date

Daytime Phone #