

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

1/11

FILED
Feb 06, 2008 8:00 am
Secretary of State

01-11-2008 90078 035 ***138.75

DOCUMENT # L05000081297 1. Entity Name SMOKED MULLET, LLC	
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Principal Place of Business 12653 S.W. COUNTY ROAD 769, SUITE A LAKE SUZY, FL 34269	Mailing Address 12653 S.W. COUNTY ROAD 769, SUITE A LAKE SUZY, FL 34269
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DO NOT WRITE IN THIS SPACE

01082008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3322454	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**GANT, STEVEN D
12653 S.W. COUNTY ROAD 769, SUITE A
LAKE SUZY, FL 34269**

**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.

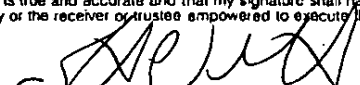
SIGNATURE _____
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____

**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 GANT, E. DONALD 12653 S.W. COUNTY ROAD 769, SUITE A LAKE SUZY, FL 34269
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GANT, DONA R 12653 S.W. COUNTY ROAD 769, SUITE A LAKE SUZY, FL 34269
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GANT, STEVEN D 12653 S.W. COUNTY ROAD 769, SUITE A LAKE SUZY, FL 34269
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GANT, ERIN L 12653 S.W. COUNTY ROAD 769, SUITE A LAKE SUZY, FL 34269
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GANT, GREGORY D 12653 S.W. COUNTY ROAD 769, SUITE A LAKE SUZY, FL 34269
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**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 608, Florida Statutes.

SIGNATURE:  2/4/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #