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

Principal Place of Business	Mailing Address
12653 S.W. COUNTY ROAD 769, SUITE A LAKE SUZY, FL 34269	12653 S.W. COUNTY ROAD 769, SUITE A LAKE SUZY, FL 34269

DO NOT WRITE IN THIS SPACE

01082008No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-3322454
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

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

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

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