

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90257 011 ****50.00

DOCUMENT # L05000098574

1. Entity Name
CARIBBEAN MARICULTURE, LLC



Principal Place of Business
8200 113TH STREET NORTH
SUITE 103
SEMINOLE, FL 33772 US

Mailing Address
8200 113TH STREET NORTH
SUITE 103
SEMINOLE, FL 33772 US

60048090



2. Principal Place of Business - No P.O. Box #
8200 113TH STREET

3. Mailing Address
8200 113TH STREET

Suite, Apt. #, etc.
SUITE #103

Suite, Apt. #, etc.
SUITE #103

City & State
SEMINOLE FL

City & State
SEMINOLE FL

Zip
33772

County
PINELLAS

Zip
33772

County
PINELLAS

04012007 Chg-LLC CR2E083 (12/06)

4. FEI Number
83-0438644

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARTHOLMEY, SCOTT
8200 113TH STREET NORTH
SUITE 103
SEMINOLE, FL 33772

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
8200 113TH STREET SUITE #103
City SEMINOLE FL Zip Code 33772

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.

SCOTT BARTHOLMEY

(NOTE: Registered Agent signature required when reinstating)

4/30/07

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME GAGNON, JEAN
STREET ADDRESS 8401 34TH COURT EAST
CITY-ST-ZIP PARRISH, FL 34240

TITLE MGRM ☐ Delete
NAME BARSA ENTERPRISES, LLC.
STREET ADDRESS 8200 113TH STREET NORTH SUITE 103
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8200 113TH STREET SUITE #103
CITY-ST-ZIP SEMINOLE, FL. 33772

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

SCOTT BARTHOLMEY 4/30/07