

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90378 006 ****50.00

DOCUMENT # L05000112541

1. Entity Name
ADVANCED LIVE BAIT DISTRIBUTION, LLC



Principal Place of Business
4116 LAMSON AVENUE
SPRING HILL, FL 34608 US

Mailing Address
4116 LAMSON AVENUE
SPRING HILL, FL 34608 US

2. Principal Place of Business - No P.O. Box #
4417 Caliente St
Suite, Apt. #, etc.

3. Mailing Address
4314 Lamson Ave.
Suite, Apt. #, etc.



03062007 Chg-LLC CR2E083 (12/06)

City & State
Hernando Beach, FL
Zip 34607 Country USA

City & State
Spring Hill, FL
Zip 34608 Country USA

4. FEI Number
20-3832846
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GIESE, STEVEN M
4116 LAMSON AVENUE
SPRING HILL, FL 34608

7. Name and Address of New Registered Agent

Name
Giese Steven M.
Street Address (P.O. Box Number is Not Acceptable)
1301 Tyler Street
City Spring Hill, FL Zip Code 34608

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 Steven Giese, MGRM DATE 5/1/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME MGRM
STREET ADDRESS GIESE, STEVEN M
CITY-ST-ZIP 1301 TYLER STREET
SPRING HILL, FL 34609 ☐ Delete

TITLE
NAME MGRM
STREET ADDRESS PITTMAN, BRUCE
CITY-ST-ZIP 11012 BLYTHVILLE AVENUE
SPRING HILL, FL 34608 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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 Steven Giese, MGRM DATE 5/1/07 DAYTIME PHONE # (352) 279-0765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE