

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000022543

Entity Name: ANDROS FISHERIES LLC

**FILED**  
**Mar 08, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

820 BENT CREEK DRIVE  
FORT PIERCE, FL 34947 US

**New Principal Place of Business:**

**Current Mailing Address:**

820 BENT CREEK DRIVE  
FORT PIERCE, FL 34947 US

**New Mailing Address:**

FEI Number: 20-4415278

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARQUIS-ABRAMS, RENEE  
311 S. 2ND STREET, SUITE 200  
FORT PIERCE, FL 34950 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NUTT, NIVEN R JR.  
Address: 820 BENT CREEK DRIVE  
City-St-Zip: FORT PIERCE, FL 34947 US

Title: MGRM  
Name: BELL, LLOYD F JR.  
Address: 820 BENT CREEK DRIVE  
City-St-Zip: FORT PIERCE, FL 34947 US

Title: MGRM  
Name: PRATT, DWIGHT  
Address: 820 BENT CREEK DRIVE  
City-St-Zip: FORT PIERCE, FL 34947 US

Title: MGRM  
Name: MARTIN, JULIE E MS.  
Address: 820 BENT CREEK DRIVE  
City-St-Zip: FORT PIERCE, FL 34947 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JULIE MARTIN

MGRM

03/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date