

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067501

FILED
Mar 16, 2009
Secretary of State

Entity Name: FISH BAR, LLC

Current Principal Place of Business:

7410 GOSPEL ISLAND ROAD
INVERNESS, FL 34450

New Principal Place of Business:

Current Mailing Address:

7410 GOSPEL ISLAND ROAD
INVERNESS, FL 34450

New Mailing Address:

FEI Number: 20-8912192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADSHAW, R WESLEY
209 COURTHOUSE SQUARE
INVERNESS, FL 34450 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: MGR () Delete
Name: ADAMS, BABB H JR
Address: 7410 GOSPEL ISLAND ROAD
City-St-Zip: INVERNESS, FL 34450 US

Title: MGRM () Delete
Name: BOLIN, KIMBERLY
Address: 1108 BLACK ACRE COURT SOUTH
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: MGRM () Delete
Name: HENRY, TEMPY C
Address: 3376 LAURAL GROVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32223 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: HENRY, TEMPY C
Address: 901 QUINCY COURT
City-St-Zip: JACKSONVILLE, FL 32259 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: BABB H. ADAMS JR.

MGR

03/16/2009

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