## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L06000067711**

MIXIN' WORK WITH PLAY FISHING CHARTERS. LLC



**FILED** Feb 25, 2008 08:00 AN **Secretary of State** 

Principal Place of Business

Mailing Address

290 MARINE HARBOR DRIVE MERRITT ISLAND, FL 32953

P. O. BOX 236186 COCOA, FL 32923

US



02162008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number	
06-1782857		

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MIXON, KEITH W 206 NW 21ST STREET

## DO NOT WRITE

GAINESVILLE, FL 32603		IN THIS SPACE	
	named entity submits this statement for the purpose of changing its registered ions of registered agent.	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered	Agon) signature required when reinstating) DATE	
FILE After May	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538-75	U00000838849 03/05/08-80047-004 138.75	
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR MIXON, KEITH W 206 NW 21 ST GAINESVILLE, FL 32603		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE . NAME STREET ADDRESS CITY-ST-ZIP		, . ,	
NAME STREET ADDRESS CITY-ST-ZIP			
<ol> <li>11. I hereby (</li> </ol>	certify that the information supplied with this bling does not qualify for the exe	emotions 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:

321-212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE