

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069812

FILED
Jul 31, 2008
Secretary of State

Entity Name: FABRIZIO'S SEA FOOD, LLC.

Current Principal Place of Business:

2884 NW 94
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

2884 NW 94
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 20-5204455 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SEGERSBOL, ERICK
2884 NW 94
CORAL SPRINGS, FL 33065 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: SEGERSBOL, ERICK
Address: 2884 NW 94
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGR () Delete
Name: BARCO, RODRIGO
Address: 2884 NW 94
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGR () Delete
Name: SEGERSBOL, WILLIAM
Address: 2884 NW 94
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES:

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

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

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

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: ERICK SEGERSBOL

MR

07/31/2008

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