

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L06000072545**

1. Entity Name  
**NEEDMORE FISH, LLC.**



Principal Place of Business  
**412 CROSSWAY ROAD  
TALLAHASSEE, FL 32305**

Mailing Address  
**412 CROSSWAY ROAD  
TALLAHASSEE, FL 32305**



03172008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-5251639</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**MCKEITHEN, R.A.  
915 BLOXHAM CUT-OFF  
CRAWFORDVILLE, FL 32327**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MCKEITHEN, RUSSELL A 412 CROSSWAY ROAD TALLAHASSEE, FL 32305</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CLEMONS, JACK D JR. 10209 MARSH HARBOR WAY RIVERVIEW, FL 33569</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U000000866124  
04/08/08-80015-025 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

Date

Daytime Phone #

**3/18/08**

**850  
524-4770**