

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083960

FILED
Apr 28, 2009
Secretary of State

Entity Name: CAPT. LOU'S LLC

Current Principal Place of Business:

983 LIBERTY ST.
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 71
ENGLEWOOD, FL 34295 US

New Mailing Address:

FEI Number: 06-1789765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAGGETT, BONNIE L
983 LIBERTY ST.
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

BAGGETT, LUCIOUS M III
983 LIBERTY ST.
ENGLEWOOD, FL 34223 US

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: LUCIOUS M BAGGETT III

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BAGGETT, LUCIOUS M III
Address: 983 LIBERTY ST.
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: MGRM () Delete
Name: PORTER, CHARLIE
Address: 5335 BRYAN TERRACE
City-St-Zip: PT. CHARLOTTE, FL 33981 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: DENTICE, THOMAS S
Address: 6140 MANASOTA KEY ROAD
City-St-Zip: ENGLEWOOD, FL 34223

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: LUCIOUS M BAGGETT III

MGR

04/28/2009

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