

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 11, 2007 8:00 am
Secretary of State

05-17-2007 90174 029 ****50.00

DOCUMENT # L06000092274			
1. Entity Name GO FISH RETAIL, LLC			
Principal Place of Business 1856 SENEGAL DATE DR. NAPLES, FL 34119		Mailing Address 1856 SENEGAL DATE DR. NAPLES, FL 34119	
2. Principal Place of Business - No P.O. Box # 1856 Senegal Date Dr		3. Mailing Address Suite, Apt. #, etc.	
City & State Naples, FL 34119		City & State	
Zip	Country	Zip	Country
4. FEI Number 205599819		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COUND, KAREN MGRM 1856 SENEGAL DATE DR. NAPLES, FL 34119		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Karen Cound</u> (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COUND, KAREN MGRM 1856 SENEGAL DATE DR. NAPLES, FL 34119 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VERMOCH, JAMES 1852 SENEGAL DATE DR. NAPLES, FL 34119 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 21550 Port Rush Run ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VERMOCH, DEBRA 1852 SENEGAL DATE DR. NAPLES, FL 34119 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 21550 Port Rush Run ESTERO, FL 33928
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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: <u>Karen Cound</u> 5/4/07 239433.3447 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			

ATTACHMENT

30010499

#L06000092274

Letter 5/30
Confirms our
CK \$50.00
received by
your office.
Needed FEI #.
