

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000115182

Entity Name: HIGH TIDE AQUATICS, LLC

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

10416 N.W. 48TH PLACE
ALACHUA, FL 32615

New Principal Place of Business:

10416 N.W. 148TH PLACE
ALACHUA, FL 32615

Current Mailing Address:

10416 N.W. 48TH PLACE
ALACHUA, FL 32615

New Mailing Address:

10416 N.W. 148TH PLACE
ALACHUA, FL 32615

FEI Number: 20-5965387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIDSON, MIKE
10416 N.W. 48TH PLACE
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

DAVIDSON, MIKE
10416 N.W. 148TH PLACE
ALACHUA, FL 32615 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:

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DAVIDSON, MIKE
Address: 10416 N.W. 48TH PLACE
City-St-Zip: ALACHUA, FL 32615

Title: MGR () Delete
Name: DAVIDSON, JENNIFER
Address: 10416 N.W. 48TH PLACE
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DAVIDSON, MIKE
Address: 10416 N.W. 148TH PLACE
City-St-Zip: ALACHUA, FL 32615

Title: MGR (X) Change () Addition
Name: DAVIDSON, JENNIFER
Address: 10416 N.W. 148TH PLACE
City-St-Zip: ALACHUA, FL 32615

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: MIKE DAVIDSON

MGR

04/16/2009

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