

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 22, 2007 8:00 am
Secretary of State

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07-05-2007 90155 003 ****55.00

DOCUMENT # L06000118127 1. Entity Name FIRST CATCH LIVE BAIT, LLC					
Principal Place of Business 147 MIDDLE WAY NEW SMYRNA BEACH, FL 32169			Mailing Address 147 MIDDLE WAY NEW SMYRNA BEACH, FL 32169		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 61-36-3564			Applied For ☒ Not Applicable		
5. Certificate of Status Desired ☒			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent WILLIAMS, DONNA E 147 MIDDLE WAY NEW SMYRNA BEACH, FL 32169			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 _____ (NOTE: Registered Agent signature required when renewing) 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 WILLIAMS, ROBERT N SR. 147 MIDDLE WAY NEW SMYRNA BEACH, FL 32169	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLIAMS, DONNA E 147 MIDDLE WAY NEW SMYRNA BEACH, FL 32169	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLIAMS, ROBERT N JR. 147 MIDDLE WAY NEW SMYRNA BEACH, FL 32169	☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLIAMS, ROBERT N JR. 147 MIDDLE WAY NEW SMYRNA BEACH, FL 32169	☐ Delete			
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: Donna E Williams <i>Donna E Williams</i> 7-1-07 386-663-4341					