

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 APR 14 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L07000082189	
1. Entity Name JIMMY'S SEAFOOD AND STEAK GRILL LLC	



Principal Place of Business 30 OLD PALMETTO PATH SAINT MARKS, FL 32355	Mailing Address 16196 NE SPRUCE TRAIL HOSFORD, FL 32334
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 36	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ST. MARKS FLORIDA	
Zip	Country	Zip	Country
32355		32355	USA

04142008 Chg-LLC CR2E083 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MOON, WANDA S 30 OLD PALMETTO PATH SAINT MARKS, FL 32355		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 reinstating) DATE _____

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MOON, WANDA S 30 OLD PALMETTO PATH SAINT MARKS, FL 32355 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700123273297 04/14/08--01028--016 **138.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

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

4/14/08

Date

Daytime Phone #