

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000008881

FILED
Feb 26, 2009
Secretary of State

Entity Name: STEAMER'S SEAFOOD EXPRESS, LLC

Current Principal Place of Business:

4173 CHELAN DRIVE
MELBOURNE, FL 32934

New Principal Place of Business:

5560 N. US 1
MELBOURNE, FL 32940

Current Mailing Address:

4173 CHELAN DRIVE
MELBOURNE, FL 32934

New Mailing Address:

5560 N. US 1
MELBOURNE, FL 32940

FEI Number: 26-1998076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCALLISTER, ROBERT
2650 PINE CONE DRIVE
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCALLISTER, ROBERT
Address: 2650 PINE CONE DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: MGRM () Delete
Name: ALLEVA, LOUIS
Address: 4173 CHELAN DRIVE
City-St-Zip: MELBOURNE, FL 32934

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

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: WALKER, JANET
Address: 7525 FRINGE PLACE
City-St-Zip: COCOA, FL 32927

Title: MGRM () Change (X) Addition
Name: ALLEVA, LOUIS
Address: 4173 CHELAN DRIVE
City-St-Zip: MELBOURNE, FL 32934

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: JANET WALKER

MGRM

02/26/2009

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