

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050064

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: FIRED UP FISHING CHARTERS LLC

**Current Principal Place of Business:**

2429 CERBERUS DRIVE  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

2429 CERBERUS DRIVE  
APOPKA, FL 32712

**New Mailing Address:**

FEI Number: 26-2930849

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

CAMERON, CHRISTOPHER  
2429 CERBERUS DRIVE  
APOPKA, FL 32712 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: CHRISTOPHER CAMERON

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CAMERON, CHISTOPHER  
Address: 2429 CERBERUS DRIVE  
City-St-Zip: APOPKA, FL 32712

Title: S (X) Delete  
Name: CAMERON, CHISTOPHER  
Address: 2429 CERBERUS DRIVE  
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: CAMERON, CHISTOPHER  
Address: 2429 CERBERUS DRIVE  
City-St-Zip: APOPKA, FL 32712

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

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: CHRISTOPHER CAMERON

PRES

04/30/2009

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