

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000102251

FILED
Jul 30, 2009
Secretary of State

Entity Name: INTERNATIONAL REEF AQUACULTURE, LLC

Current Principal Place of Business:

15791 N WIND CIRCLE
SUNRISE, FL 33326

New Principal Place of Business:

Current Mailing Address:

15791 N WIND CIRCLE
SUNRISE, FL 33326

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FIGUEROA, HEATH L
15791 N WIND CIRCLE
SUNRISE, FL 33326 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: FIGUEROA, HEATH
Address: 15791 N WIND CIRCLE
City-St-Zip: SUNRISE, FL 33326

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

Title: MGRM () Delete
Name: FIGUEROA, LUIS R
Address: 5851 HOLATEE TRAIL
City-St-Zip: SOUTHWEST RANCHES, FL 33330

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

Title: MGRM () Delete
Name: FIGUEROA, DENISE T
Address: 5851 HOLATEE TRAIL
City-St-Zip: SOUTHWEST RANCHES, FL 33330

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: LUIS R. FIGUEROA

MGRM

07/30/2009

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