

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000057180

**FILED**  
**Jun 14, 2012**  
**Secretary of State**

**Entity Name:** MACY'S SMOKED FISH & DIP L.L.C.

**Current Principal Place of Business:**

3035 N. US #1  
FORT PIERCE, FL 34946

**New Principal Place of Business:**

**Current Mailing Address:**

306 CHAMBERLAIN BLVD.  
FORT PIERCE, FL 34946

**New Mailing Address:**

**FEI Number:** 27-0660237

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MACY, DENNIS  
306 CHAMBERLAIN BLVD.  
FORT PIERCE, FL 34946 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  
**Name:** MACY, DENNIS  
**Address:** 306 CHAMBERLAIN BLVD.  
**City-St-Zip:** FORT PIERCE, FL 34946

**Title:** MGRM  
**Name:** MACY, ELIZA  
**Address:** 306 CHAMBERLAIN BLVD.  
**City-St-Zip:** FORT PIERCE, FL 34946

**Title:** MGRM  
**Name:** MACY, JOSHUA  
**Address:** 306 CHAMBERLAIN BLVD.  
**City-St-Zip:** FORT PIERCE, FL 34946

**Title:** MGRM  
**Name:** MACY, SARAH  
**Address:** 5000 CONLEY PLACE  
**City-St-Zip:** FORT PIERCE, FL 34951

I hereby 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:** SARAH MACY

MGRM

06/14/2012

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