## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Jun 07, 2004 08:00 AM Secretary of State **DOCUMENT # L94000000642** WHARF FOODS, L.C. Principal Place of Business Mailing Address 619 S. PALAFOX 619 S. PALAFOX PENSACOLA, FL 32501 PENSACOLA, FL 32501 06042004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3285242 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KNUDSEN, DAVID DO NOT WRITE 619 S. PALAFOX PENSACOLA, FL IN THIS SPACE 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 ag SIGNATURE Signature, typed or printed name of registered agent and ritig if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 8, 2004 MANAGING MEMBERS/MANAGERS 9. U00000162184 06/07/04-80002-010 50.00 MGR TITLE RAME KNUDSEN, DAVID 619 S. PALAFOX STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-78P

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 cath; 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:

STANAT STREET ADDRESS CITY-ST-772 IIILE MARKE STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

IN THIS SPACE

**FILED** 

Applied For

Not Applicable

Daytime Phone I