

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90011 021 \*\*\*\*55.00

**DOCUMENT # M02000002433**

1. Entity Name  
**SEA FARMS INTERNATIONAL, LLC**



Principal Place of Business  
**11430 SW 88 ST (309)  
MIAMI, FL 33176**

Mailing Address  
**11430 SW 88 ST (309)  
MIAMI, FL 33176**



07012004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

4. FEI Number  
**06-1544551**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GARZON, HAMMERIS V  
11430 SW 88 ST (309)  
MIAMI, FL 33176**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **D** ☐ Delete  
NAME **MEERIN, JAMES**  
STREET ADDRESS **765 LULLWATER RD**  
CITY-ST-ZIP **ATLANTA, GA 30307**

TITLE **D** ☐ Delete  
NAME **PARKMAN, RALPH**  
STREET ADDRESS **8265 SW 177 TERR**  
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **S** ☐ Delete  
NAME **GARSON, HAMMERIS**  
STREET ADDRESS **13370-C SW 91 TERR**  
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE ☒ Change ☐ Addition  
NAME **HEERIN, JAMES**  
STREET ADDRESS **765 Lull water Road**  
CITY-ST-ZIP **Atlanta GA 30307**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **Hammeris Garzon** Date **7/1/04** Daytime Phone # **305-545-0030**