## **2003 LIMITED LIABILITY COMPANY** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # M9600000337

1. Entity Name

CIRCLE H SEAFOOD, L.L.C.



**FILED** Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90092 034 \*\*\*\*50.00

·		Mailing Address	•					
			P.O. BOX 27115 PANAMA CITY FL 32411-7115					
				f 1 <b>40</b> /6013 110 101	18 <b>6</b> 3161 <b>63</b> 611 88111 88361 88711 P	BIHI GANTA IRIAN E	1111 1 <b>86</b> 1 1 <b>88</b> 1	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		63-1178138		pplied For at Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta	tus Desired	Fee Required		
	6. Name and Address of Current I	Name	7. Name and Addr	ess of New Registered	Agent			
HAL	L, HENRY JAMES JR.		Name					
467	WAHOO ROAD IAMA CITY FL 32411		Street Address (P.O.		ot Acceptable)			
			City			Zip Cod	9	
FL								
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 acc the obligations of registered agent.							and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signature r	required when reinstating)	DATE			
FILE NOW!!! FEE IS \$50.00								
		Make Check Payable Due	e to Florida Depai By May 1, 2003	rtment of State				
9.	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS/CHANGES	3		
TITLE	MGR	☐ De/ete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS	HALL, HENRY JAMES JR. 467 WAHOOO ROAD		NAME STREET ADDRESS					
CITY-ST-ZIP	PANAMA CITY FL 32411		CITY-ST-ZIP				1	
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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.

NAGER, OR AUTHORIZED REPRESENTATIVE

**SIGNATURE:** 

Daytime Phone #