

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90069 011 ****50.00

DOCUMENT # M99000001563

1. Entity Name
FISH WITH ME CHARTERS, L.L.C.



Principal Place of Business
**733 WINDERMERE WAY
PALM BEACH GARDENS, FL 33418**

Mailing Address
**733 WINDERMERE WAY
PALM BEACH GARDENS, FL 33418**

20065724



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07222005

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

38-3462695

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, MICHAEL A
733 WINDERMERE WAY
PALM BEACH GARDENS, FL 33418**

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 7, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME MILLER, MICHAEL A
STREET ADDRESS 8358 COLONY DRIVE
CITY-ST-ZIP ALGONAC, MI 48001

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **28120 S. HANNA RD.**
CITY-ST-ZIP **PICKFORD, MI 49774**

TITLE MGR ☐ Delete
NAME MILLER, ERIKA B
STREET ADDRESS 8358 COLONY DRIVE
CITY-ST-ZIP ALGONAC, MI 48001

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **28120 S. HANNA RD.**
CITY-ST-ZIP **PICKFORD, MI 49774**

TITLE ☐ Delete
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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: *Erika Miller* **E. MILLER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/22/05 906-647-3104
Date Daytime Phone