2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2014
Secretary of State
CC4455980072

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Entity Name: HALF8FISH LLC

Current Principal Place of Business:

729 NE 16TH AVE, #D
FORT LAUDERDALE, FL 33304

Current Mailing Address:

729 NE 16TH AVE, #D
FORT LAUDERDALE, FL 33304

FEI Number: 46-1969174

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES INC.
841 PRUDENTIAL DRIVE FLOOR 12
JACKSONVILLE, FL 32207 US

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

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	PARSONS, CHRISTOPHER	Name	PARSONS, JARED
Address	729 NE 16TH AVE, #D	Address	729 NE 16TH AVE, #D
City-State-Zip:	FORT LAUDERDALE FL 33304	City-State-Zip:	FORT LAUDERDALE FL 33304

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTOPHER PARSONS PARTNER 02/25/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date