2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE

Feb 03, 2004 08:00 AM DOCUMENT # L02000028696 **Secretary of State** 1. Entity Name SUMMERGIRL SCUBA SUPPLY LLC Principal Place of Business Mailing Address 1301 BAYHARBOR ST. PORT ST LUCIE FL 34983-3957 1301 BAYHARBOR ST. PORT ST LUCIE FL 34983-3957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E083 (11/03) Applied For City & State City & State 4. FEI Number 15-8400416 Not Applicable Country Country \$5.00 Additional Zια 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PALMIERI, JOHN A Street Address (P.O. Box Number is Not Acceptable) 1301 BAYHARBOR ST. **PORT ST LUCIE FL 34983-3957** City Zio 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. 7373 F Change ☐ Addition MGR TITLE ☐ Belete U000000034281 PALMIERI, JOHN A NAME NAME 02/05/04-80077-009 50.00 STREET ADDRESS 1301 BAY HARBOR ST. STREET ADDRESS CITY-ST-782 CITY-ST-ZIP PORT SAINT LUCIE FL 34983 Change Addition Detete THILE रहा ह NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete RILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY - ST- ZIP П Спалое Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CRTY - ST- ZIP CITY-ST-ZIP Change ยนร Addition Delete TIBLE NAME NAME. STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Delete TETEE Change Addition TABLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby 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 trusteetempowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

FEBI.04 772-871-0817