

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

03-08-2005 90027 009 ****50.00

DOCUMENT # L04000020987 1. Entity Name A-1 SLIPPERY DOG CHARTERS, L.L.C.																																															
Principal Place of Business 3120 MANGO TREE DRIVE EDGEWATER, FL 32141			Mailing Address 3120 MANGO TREE DRIVE EDGEWATER, FL 32141																																												
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																												
City & State			City & State																																												
Zip		Country		Zip																																											
Country		Country		4. FEI Number 12-407775																																											
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable																																											
6. Name and Address of Current Registered Agent SOMMERS, WAYNE F 3120 MANGO TREE DRIVE EDGEWATER, FL 32141				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-electing.																																															
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">B. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">C. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 33%;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width: 33%;"> DELETE ☐ </td> <td style="width: 33%;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width: 33%;"> CHANGE ☐ </td> <td style="width: 33%;"> ADDITION ☐ </td> <td style="width: 33%;"> </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td> DELETE ☐ </td> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td> CHANGE ☐ </td> <td> ADDITION ☐ </td> <td></td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td> DELETE ☐ </td> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td> CHANGE ☐ </td> <td> ADDITION ☐ </td> <td></td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td> DELETE ☐ </td> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td> CHANGE ☐ </td> <td> ADDITION ☐ </td> <td></td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td> DELETE ☐ </td> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td> CHANGE ☐ </td> <td> ADDITION ☐ </td> <td></td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td> DELETE ☐ </td> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td> CHANGE ☐ </td> <td> ADDITION ☐ </td> <td></td> </tr> </tbody> </table>						B. MANAGING MEMBERS/MANAGERS			C. ADDITIONS/CHANGES			TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE ☐	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHANGE ☐	ADDITION ☐		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE ☐	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHANGE ☐	ADDITION ☐		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE ☐	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHANGE ☐	ADDITION ☐		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE ☐	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHANGE ☐	ADDITION ☐		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE ☐	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHANGE ☐	ADDITION ☐		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE ☐	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHANGE ☐	ADDITION ☐	
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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)(k), 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: <u>Wayne F. Sommers</u> Date: <u>4/29/05</u> SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																															

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