


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90027 016 \*\*\*138.75

**DOCUMENT # L06000101017**

1. Entity Name  
**TECH MARINE SYSTEMS, LLC**



Principal Place of Business  
**1303 CORDOVA RD.  
 FT. LAUDERDALE, FL 33316**

Mailing Address  
**1303 CORDOVA RD.  
 FT. LAUDERDALE, FL 33316**

**60037111**



2. Principal Place of Business - No P.O. Box #  
**1300 SE 17th St. Causeway**

3. Mailing Address  
**1300 SE 17th St. Causeway**

Suite, Apt. #, etc.  
**200**

Suite, Apt. #, etc.  
**200**

04222008 Chg-LLC CR2E083 (12/06)

City & State  
**FT. LAUDERDALE, FL**

City & State  
**FT. LAUDERDALE, FL**

Zip  
**33316**

Country

Zip  
**33316**

Country

4. FEI Number  
**20-5736474**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**SGALLA, FRANCO  
 10684 N.W. 12TH COURT  
 PLANTATION, FL 33322**

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 reinstating)

**FILE NOW!!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SGALLA, FRANCO 10684 N.W. 12TH COURT PLANTATION, FL 33322	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Franco Sgalla** (954) 990-4886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #