

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90497 001 ****50.00

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| DOCUMENT # L99000001512 | | | | | |
| 1. Entity Name IMPETUOUS YACHT CHARTERS LC | | | | | |
| Principal Place of Business 599 EAST JERICO TURNPIKE, BOX 886 ATTN: JOSEPH C. BUZZETTA SMITHTOWN, NY 11787 | | | Mailing Address 599 EAST JERICO TURNPIKE, BOX 886 ATTN: JOSEPH C. BUZZETTA SMITHTOWN, NY 11787 | | |
| 2. Principal Place of Business | | 3. Mailing Address Box 886 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State Smithtown NY | | 4. FEI Number 11-3480310 | |
| Zip | | Zip 11787 | | Country US | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. | | DATE | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BUZZETTA, JOSEPH C 599 EAST JERICO TURNPIKE, BOX 886 SMITHTOWN, NY 11787 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BUZZETTA, VALERIE A 599 EAST JERICO TURNPIKE, BOX 886 SMITHTOWN, NY 11787 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PO Box 886 Smithtown NY 11787 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PO Box 886 Smithtown NY 11787 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PO Box 886 Smithtown NY 11787 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PO Box 886 Smithtown NY 11787 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PO Box 886 Smithtown NY 11787 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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: <u>Joseph C. Buzzetta</u> <u>3/30/04</u> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |

24034500



02052004 Chg-LLC CR2E083 (10/03)

Applied For
Not Applicable

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