

# **2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000022887

**FILED**  
**Jun 11, 2009**  
**Secretary of State**

**Entity Name:** 7663 NAUTICAL SERVICES, LLC

**Current Principal Place of Business:**

3625 CURTIS LN.  
MIAMI, FL 33133

**New Principal Place of Business:**

9100 SOUTH DADELAND BOULEVARD  
SUITE 910  
MIAMI, FL 33156

**Current Mailing Address:**

3625 CURTIS LN.  
MIAMI, FL 33133

**New Mailing Address:**

9100 SOUTH DADELAND BOULEVARD  
SUITE 910  
MIAMI, FL 33156

**FEI Number:** 20-0851212

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARLETTE, POLICASTRO  
3625 CURTIS LN  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

GRUBER, PETER G ESQUIRE  
9100 SOUTH DADELAND BOULEVARD  
SUITE 910  
MIAMI, FL 33156 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: PETER G. GRUBER, ESQUIRE

06/11/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ARLETTE, POLICASTRO  
Address: 3625 CURTIS LN  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ARLETTE, POLICASTRO  
Address: 9100 SOUTH DADELAND BOULEVARD, SUITE 910  
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ARLETTE POLICASTRO

MGR

06/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date