

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021842

Entity Name: MARITIME MANAGEMENT, LLC**Current Principal Place of Business:**3363 NE 163 STREET
501
NORTH MIAMI BEACH, FL 33160**Current Mailing Address:**3363 NE 163 STREET
501
NORTH MIAMI BEACH, FL 33160**FEI Number:** 26-0005966**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ALFONSO, NORBERTO
3363 NE 163 STREET
501
NORTH MIAMI BEACH, FL 33160 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	P
Name	ALFONSO, NORBERTO
Address	3363 NE 163 STREET 501
City-State-Zip:	NORTH MIAMI BEACH FL 33160

Title	VP
Name	ALFONSO, MARTA
Address	3363 NE 163 STREET 501
City-State-Zip:	NORTH MIAMI BEACH FL 33160

Title	VP
Name	ODFJELL, TORE
Address	NYGÅRDSGATEN 114
City-State-Zip:	BERGEN

Title	AUTHORIZED MEMBER
Name	GARCIA, TROY A
Address	3363 NE 163 STREET 501
City-State-Zip:	NORTH MIAMI BEACH FL 33160

Title	AUTHORIZED MEMBER
Name	MACIAS, MARTA M
Address	3363 NE 163 STREET 501
City-State-Zip:	NORTH MIAMI BEACH FL 33160

Title	AUTHORIZED MEMBER
Name	SMITH, YESSANIA M
Address	3363 NE 163 STREET 501
City-State-Zip:	NORTH MIAMI BEACH FL 33160

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARTA ALFONSO

VP

04/01/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date