

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000005437

**Entity Name:** SEACOR PAYROLL MANAGEMENT LLC

**Current Principal Place of Business:**

2200 ELLER DRIVE  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

2200 ELLER DRIVE, P.O. BOX 13038  
ATTN: LEGAL DEPARTMENT  
FORT LAUDERDALE, FL 33316

**FEI Number:** 20-1587454

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 VP/SECRETARY/TREASURER  
Name MANEKIN, LISA  
Address 2200 ELLER DRIVE, P.O. BOX 13038  
City-State-Zip: FORT LAUDERDALE FL 33316

Title DIRECTOR/PRESIDENT  
Name WEINS, BRUCE  
Address 2200 ELLER DRIVE, P.O. BOX 13038  
PO BOX 13038  
City-State-Zip: FORT LAUDERDALE FL 33316

Title VP/DIRECTOR  
Name FABRIKANT, ERIC  
Address 2200 ELLER DRIVE, P.O. BOX 13038  
City-State-Zip: FORT LAUDERDALE FL 33316

*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:** BRUCE WEINS

**PRESIDENT**

**04/11/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date