

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000005437

**Entity Name:** SEACOR PAYROLL MANAGEMENT LLC

**Current Principal Place of Business:**

7910 MAIN STREET  
2ND FLOOR  
HOUMA, LA 70360

**FILED**  
**Apr 26, 2016**  
**Secretary of State**  
**CC5305028344**

**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            PRESIDENT/DIRECTOR  
Name            CENAC, MATTHEW  
Address        2200 ELLER DRIVE, PO BOX 13038  
City-State-Zip: FORT LAUDERDALE FL 33316

Title            VP/SECRETARY/TREASURER  
Name            MANEKIN, LISA  
Address        2200 ELLER DRIVE, P.O. BOX 13038  
City-State-Zip: FORT LAUDERDALE FL 33316

Title            VP  
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

VP

04/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date