

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000003633

Entity Name: MARINE PERSONNEL & PROVISIONING COMPANY LLC

Current Principal Place of Business:

9487 REGENCY SQUARE BLVD
JACKSONVILLE, FL 32225

Current Mailing Address:

9487 REGENCY SQUARE BLVD
JACKSONVILLE, FL 32225 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
N PALM BCH, FL 33408 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 SENIOR VICE PRESIDENT & MANAGER
Name FOWLER , JAMES C.
Address 9487 REGENCY SQUARE BLVD
City-State-Zip: JACKSONVILLE FL 32225

Title SECRETARY
Name ALFORD , REECE B.
Address 9487 REGENCY SQUARE BLVD
City-State-Zip: JACKSONVILLE FL 32225

Title ASSISTANT CORPORATE SECRETARY
Name BUSH , TIMOTHY S.
Address 9487 REGENCY SQUARE BLVD
City-State-Zip: JACKSONVILLE FL 32225

Title CFO
Name WARNER , DANIEL L.
Address 9487 REGENCY SQUARE BLVD
City-State-Zip: JACKSONVILLE FL 32225

Title VP, TREASURER
Name HIMES, NORMAN S. JR.
Address 9487 REGENCY SQUARE BLVD
City-State-Zip: JACKSONVILLE FL 32225

Title ASSISTANT TREASURER
Name OTERO, TONY R.
Address 9487 REGENCY SQUARE BLVD
City-State-Zip: JACKSONVILLE FL 32225

Title ASSISTANT TREASURER
Name LAMB, RICHARD D. JR.
Address 9487 REGENCY SQUARE BLVD
City-State-Zip: JACKSONVILLE FL 32225

Title VP
Name DOUGLAS , IRA
Address 9487 REGENCY SQUARE BLVD
City-State-Zip: JACKSONVILLE FL 32225

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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: REECE B. ALFORD

SECRETARY, BY JULIE 04/22/2024
GEDEON, ATTORNEY-IN-FACT

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASSISTANT TREASURER
Name JEFFERSON , ROBERT C.
Address 9487 REGENCY SQUARE BLVD
City-State-Zip: JACKSONVILLE FL 32225

Title MANAGER
Name CROWLEY, THOMAS B. JR.
Address 9487 REGENCY SQUARE BLVD
City-State-Zip: JACKSONVILLE FL 32225

Title VP
Name HAYDEN , CAL
Address 9487 REGENCY SQUARE BLVD
City-State-Zip: JACKSONVILLE FL 32225

Title MANAGER
Name FITZGERALD , RAYMOND F.
Address 9487 REGENCY SQUARE BLVD
City-State-Zip: JACKSONVILLE FL 32225