

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90058 036 \*\*\*\*50.00

DOCUMENT # L00000006348

1. Entity Name

French Lux Barging, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

400 N. Tampa St

Suite, Apt. #, etc.

Suite 2300

City & State

Tampa, Florida

Zip

33602

Country

USA

3. Mailing Address

400 N Tampa St

Suite, Apt. #, etc.

Suite 2300

City & State

Tampa, Florida

Zip

33602

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

57-1122227

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

MOORE C.A.

Street Address (P.O. Box Number is Not Acceptable)

400 N. Tampa St

Suite 2300

City

Tampa

FL

Zip Code

33602

**DO NOT WRITE  
IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	WGE
NAME	SOUCCAR, Deborah
STREET ADDRESS	95 Bronxville Rd
CITY - ST - ZIP	Bronxville, N.Y. 10708
TITLE	MGR
NAME	MAQUIRE, KEVIN
STREET ADDRESS	CH. DES LILAS, Ste ANE DES LACS
CITY - ST - ZIP	LAC GIVERTON, QUEBEC J0R 1B0
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5 Apr '06 914-918-3930

Date

Daytime Phone #

CR2E083B (12/01)