## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## **DOCUMENT # L00000010528**

1. Entity Name SANDY COVE MARINE SALES, LLC



**FILED** Jan 23, 2007 08:00 AM Secretary of State

Principal Place of Business

74540 OVERSEAS HIGHWAY ISLAMORADA, FL 33036

Mailing Address

P.O. BOX 1916

ISLAMORADA, FL 33036



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CR2E083 (11/05) Applied For

4. FEI Number 65-1037296

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

LUPINO, JAMES S 90130 OLD HIGHWAY TAVERNIER, FL 33070

## DO NOT WRITE IN THIS SPACE

	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. I am familiar with, and accept the obligations of registered agent.
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(NOTE, Registered Agent algorithms required when reinstating)

## Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	RMD CAPITAL, LLC
STREET ADDRESS	950 THIRD AVENUE
CITY-SI-ZIP	NEW YORK, NY 10022
TITLE	MGRM
NAME	MYERS, MICHAEL
STREET ADDRESS	318 PALM AVENUE
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	,
STREET ADORESS	
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TITLE	
NAME	•
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	•

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DO NOT WRITE IN THIS SPACE

palied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information urate 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 formation for further than the same legal effect as if made under oath; that I am a managing member or manager of the formation for further than the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or

SIGNATURE:

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date