

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90211 017 ****50.00

DOCUMENT # L00000012350

1. Entity Name

CALUSA CERTIFIED MARINE, LLC



Principal Place of Business

1136 NE PINE ISLAND RD
64
CAPE CORAL FL 33909

Mailing Address

2538 SW 26TH AVENUE
CAPE CORAL FL 33914

2. Principal Place of Business

3. Mailing Address

1136 NE Pine Island Rd

Suite, Apt. #, etc.

Ste #64

City & State
Cape Coral FL

Zip

33909

Country
USA



MOORE

CR2E083 (11/03)

4. FEI Number

65-1048016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIEBIS, DANIEL S
3890 TURTLE CREEK DR., SUITE B-1
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/04

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME PIREZ, JOSEPH D
STREET ADDRESS 2538 SW 26TH AVENUE
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE MGRM ☐ Delete
NAME PIREZ, JILL L
STREET ADDRESS 2538 SW 26TH AVENUE
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition
NAME LOURINCE, JEROME G
STREET ADDRESS 1200 SW 48th TER
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE MGRM ☐ Change ☒ Addition
NAME LOURINCE, NONA
STREET ADDRESS 1200 SW 48th TER
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

2/5/04

2395745053