

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012350

FILED
Feb 01, 2008
Secretary of State

Entity Name: CALUSA CERTIFIED MARINE, LLC

Current Principal Place of Business:

1136 NE PINE ISLAND RD
64
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

1136 NE PINE ISLAND RD
STE #64
CAPE CORAL, FL 33909

New Mailing Address:

1136 NE PINE ISLAND RD
64
CAPE CORAL, FL 33909

FEI Number: 65-1048016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADIA, JOSEPH V
1136 PINE ISLAND RD
13
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PIREZ, JOSEPH D
Address: 5272 TAMAMI CT
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM () Delete
Name: LOVRINCE, JEROME G
Address: 1200 SW 48TH TER
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM () Delete
Name: LOVRINCE, NONA
Address: 1200 SW 48TH TER
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PIREZ, JOSEPH D
Address: 4843 TRITON CT W
City-St-Zip: CAPE CORAL, FL 33904

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JEROME G LOVRINCE

MGRM

02/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date