

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012350

FILED
Apr 24, 2009
Secretary of State

Entity Name: CALUSA CERTIFIED MARINE, LLC

Current Principal Place of Business:

1023 SW 12TH AVE.
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

1023 SW 12TH AVE.
CAPE CORAL, FL 33990

New Mailing Address:

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:

WELDON, RICHARD L
7935 AIRPORT PULLING RD N
SUITE 205
NAPLES, FL 34109 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: RICHARD L WELDON

04/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

04/24/2009

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