

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000013960

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** ISLE OF PALMS MARINE SERVICE, LLC

**Current Principal Place of Business:**

14603 BEACH BLVD.  
JACKSONVILLE, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

14603 BEACH BLVD.  
JACKSONVILLE, FL 32250

**New Mailing Address:**

**FEI Number:** 59-3681912

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOSS, JOHN B  
1530 BUSINESS CENTER DR., STE. 4  
ORANGE PARK, FL 32003 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:** P  
**Name:** SLADE, JEFFREY H  
**Address:** 11338 RIVERMOORINGS RD  
**City-St-Zip:** JACKSONVILLE, FL 32225

**Title:** VP  
**Name:** MEITZ, DONALD  
**Address:** 14879 YELLOW BLUFF RD  
**City-St-Zip:** JACKSONVILLE, FL 32226

I hereby 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:** JEFF SLADE

PRES

04/24/2012

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