

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000002972

1. Entity Name

NAUTICAL TOYS INTERNATIONAL, L.L.C.



Principal Place of Business

8875 HIDDEN RIVER PKWY., STE. 300
TAMPA FL 33637

Mailing Address

P.O. BOX 512492
PUNTA GORDA FL 33951

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3701799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGR
NAME SPONG, DONALD A
STREET ADDRESS P.O. BOX 512492
CITY - ST - ZIP PUNTA GORDA FL 33951 ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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TITLE NAME
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CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition
000000082297
03/09/04-80023-023 50.00

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

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CITY - ST - ZIP ☐ Change ☐ Addition

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 #

Donald Speng Manager

2/25/04 239-823 3478