

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90453 043 ***150.00

DOCUMENT # L01000006438

1. Entity Name

OVERSPRAY CHARTERS, L.L.C.



Principal Place of Business

**6913 HARNEY ROAD
TAMPA FL 33617**

Mailing Address

**6913 HARNEY ROAD
TAMPA FL 33617**

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

01-0699320

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

**CARNEY, SEAN
69136 HARNEY RD
TAMPA FL 33617**

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 ☐ Delete

NAME **CARNEY, SEAN**
STREET ADDRESS **170 SMOKEY MOUNTAIN RD**
CITY-ST-ZIP **SEFFNER FL 33584**

TITLE ☐ Delete

NAME **CARNEY, DANIEL**
STREET ADDRESS **305 BRYAN OAK AVE**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☒ Delete

NAME **CARNEY, LORITA**
STREET ADDRESS **170 SMOKEY MOUNTAIN RD**
CITY-ST-ZIP **SEFFNER FL 33584**

TITLE ☒ Delete

NAME **CARNEY, GYIA**
STREET ADDRESS **305 BRYAN OAK AVE**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **CARNEY, SEAN**
STREET ADDRESS **170 SMOKEY MOUNTAIN RD.**
CITY-ST-ZIP **SEFFNER FL 33584**

TITLE ☒ Change ☐ Addition

NAME **Dan Carney, Daniel L**
STREET ADDRESS **305 Bryan Oak Ave.**
CITY-ST-ZIP **Brandon FL 33511**

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

SEAN CARNEY

04/05/04 (813) 985-4455

Date

Daytime Phone #