## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

SIGNATURE:

## **Secretary of State** DOCUMENT # L01000006438 03-24-2008 90241 005 \*\*\*138.75 1. Entity Name OVERSPRAY CHARTERS, L.L.C. Principal Place of Business Mailing Address 6913 HARNEY ROAD 6913 HARNEY ROAD **TAMPA FL 33617 TAMPA FL 33617** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6604 Suite, Apt. #, etc. Suite - Apt-#; CR2E083 (10/07) 1st MOORE 4. FEI Number Applied For City & State City & State 01-0699320 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARNEY, SEAN Street Address (P.O. Box Number is Not Acceptable) 69136 HARNEY RD TAMPA FL 33617 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. TITLE ☐ Change ☐ Addition TITLE NAME CARNEY, SEAN NAME STREET ADDRESS STREET ADDRESS: 170 SMOKEY MOUNTAIN RD CITY-ST-Z.P CITY-ST-ZIP SEFFNER FL 33584 ☐ Delete ☐ Change ☐ Addition TITLE NAME CARNEY, DANIEL t ALSE 305 BRYAN OAK AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511 ☐ Delete TITLE Change Addition NAME CARNEY, SEAN NAME STREET ADDRESS STREET ADDRESS 170 SMOKEY MOUNTAIN RD CITY-ST-ZIP CITY-ST-ZIP SEFFNER FL 33584 ☐ Addition TITLE ☐ Delete TITLE ☐ Change CARNEY, DANIE L NAME NAME STREET ADDRESS 305 BRYAN OAK AVE. STREET ADDRESS BRANDON FL 33511 CITY-S1-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE ☐ Dalete NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ■ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 tracted empowered execute this report as required by Chapter 608, Florida Statutes.

FILED

Mar 24, 2008 8:00 am