

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90138 009 *****50.00

DOCUMENT # L01000008016

1. Entity Name

DOLPHIN YACHT BROKERAGE, L.L.C.



Principal Place of Business

**542 HIGHWAY 98 EAST
DESTIN FL 32541**

Mailing Address

**542 HIGHWAY 98 EAST
DESTIN FL 32541**

2. Principal Place of Business

331 Highway 98 East

3. Mailing Address

P.O. Box 817

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin, FL

City & State

Destin, FL

Zip

32541

Country

USA

Zip

32541

Country

USA

4. FEI Number

59-3724973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GRIMSLEY, JAMES W
542 HIGHWAY 98 EAST
DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name

James W. Grimsley

Street Address (P.O. Box Number is Not Acceptable)

331 Highway 98 East

City

Destin

FL

Zip Code

32541

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, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **SPRINGFIELD, JOHNNY E**
STREET ADDRESS **542 HIGHWAY 98 EAST**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **331 Highway 98E**
CITY-ST-ZIP **Destin, FL 32541**

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/18/03 (850)269-0555

CR2E083 (10/02)

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