FROM : LEAL & ROS ACCOUNTING & TAX PHONE NO. : 305 444 9929

FILED
May 12, 2002 8:00 am
Secretary of State
05-12-2002 90576 013 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000009995

1. Entity Name
COMPLETE BOATING SERVICES, LLC

DO NOT WRITE IN THIS SPACE

957238

2. Principal Place of Business	3. Mailing Address
2170 SE 17 STREET	220 MIRACLE MILE
Suite, Apt. #, etc.: SUITE 307	Suite, Apt. #, etc.: SUITE 206
City & State: FT LAUDERDALE, FL	City & State: CORAL GABLES, FL
Zip: 33316 Country: U.S.A.	Zip: 33134 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1115234 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: PENINSULA REGISTERED AGENTS, INC.
Street Address (P.O. Box Number is Not Acceptable): 200 S. BISCAYNE BLVD
43 FLOOR
City: MIAMI FL Zip Code: 33131

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.

SIGNATURE: _____ DATE: 04/29/2002
Signature required when changing registered agent information or reinstating.

FEE: $ 30.00
Make Check Payable to: Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MEMBER
NAME	SERGIO CRIADO
STREET ADDRESS	2170 SE 17 STREET, STE 307
CITY-ST-ZIP	FT LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E083B (12/01)

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: _____ 04/29/02 (954)661-1450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #