

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90068 010 ****50.00

DOCUMENT # L01000009995

1. Entity Name
COMPLETE BOATING SERVICES LLC



Principal Place of Business
2170 SE 17 ST
SUITE 307
FORT LAUDERDALE, FL 33316

Mailing Address
220 MIRACLE MILEE
SUITE 206
CORAL GABLES, FL 33134

24057291



2. Principal Place of Business
2176 SE 17 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232004 Chg-LLC CR2E083 (10/03)

City & State
FT. LAUDERDALE, FL

City & State

4. FEI Number

65-1115234

Applied For

Not Applicable

Zip

Country

Zip

Country

33316

BROWARD

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

ROS, MARIA
229 MIRACLE MILE STE 206
CORAL GABLES, FL 33334

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 resigning)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CRIADO, SERGIO
2170 SE 17 ST, STE 307
FORT LAUDERDALE, FL 33316 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2176 SE 17 ST
FT. LAUDERDALE, FL 33316 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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

04-22-04 954 2401474

Date

Daytime Phone #