

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (ULR)**

**FILED**

03 OCT 13 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L01000010099**

1. Entity Name

**Bottom Line Yacht Sales & Service**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**57 Comares Ave**

Suite, Apt. #, etc.

3. Mailing Address

**57 Comares Ave**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**St. Augustine, FL**

City & State

**St. Augustine, FL**

4. FEI Number

**593727863**

Applied For

Not Applicable

Zip

**32084**

Country

**U.S.**

Zip

**32084**

Country

**U.S.**

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**Gene R. Echols**

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

**113 Board St.**

City

**St. Augustine**

FL

Zip Code

**32084**

**DO NOT WRITE  
IN THIS SPACE**

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]*

Signature, typed or printed name of registered agent and title if applicable.

**9/26/03**

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MANAGER  
GENE ECHOLS  
214 MADRID ST  
ST AUGUSTINE FL 32084**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**309023404308  
09/29/03--01092--015 \*\*\*50.00**

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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]*

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

**9/26/03**

Date

**904-669-8488**

Daytime Phone #

CR20083B (12/02)