

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2008 08:00 A
Secretary of State

DOCUMENT # L02000001796

1. Entity Name
APALACHEE MARINERS, LLC



Principal Place of Business
234 HARBOUR POINT DR.
CRAWFORDVILLE, FL 32327

Mailing Address
3312 WEST LAKESHORE DRIVE
TALLAHASSEE, FL 32312



01052008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3590160

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEPEW, C. HENRY
3312 W LAKESHORE DR
TALLAHASSEE, FL 32312

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSS, KINGSLEY R 234 HARBOUR PT DR CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEPEW, HENRY 3312 WEST LAKESHORE DRIVE TALLAHASSEE, FL 32312
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01/11/08-80010-007 138.75

**DO NOT WRITE
IN THIS SPACE**

11: I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: C. Henry Depew C. Henry Depew

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

1/05/08

Date

850/386-1665

Daytime Phone #