2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State
01-17-2003 90216 009 ****50.00

0010855

DOCUMENT # L02000006484

1. Entity Name

LISA TROCCOLI YACHT DOCUMENTATION, LLC

Principal Place of Business	Mailing Address
141 SE 6TH COURT POMPANO BEACH FL 33060	141 SE 6TH COURT POMPANO BEACH FL 33060

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4210 N.E. 23rd avenue	4210 N.E. 23rd avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lighthouse Point, FL.	City & State: Lighthouse Point, FL.
Zip: 33064 Country: USA	Zip: 33064 Country: USA

4. FEI Number: 01-0636709 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TROCCOLI, LISA
141 SE 6TH COURT
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name: Lisa S. Troccoli
Street Address (P.O. Box Number is Not Acceptable): 4210 N.E. 23rd Avenue
City: Lighthouse Point **FL** Zip: 33064

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] (Lisa S. Troccoli - Mgrm.) DATE: 1/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR TROCCOLI, LISA 141 SE 6TH COURT POMPANO BEACH FL 33060 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgrm. Lisa S. Troccoli 4210 N.E. 23rd avenue Lighthouse Point, FL. 33064 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr. Thomas Troccoli, Jr. 4210 N.E. 23rd avenue Lighthouse Point, FL. 33064 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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] (Lisa S. Troccoli - Mgrm.) 1/14/03 (954) 366-1362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #