

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90098 040 \*\*\*\*50.00

**DOCUMENT # L02000022249**

1. Entity Name

SEA LINK TOOL & MANUFACTURING COMPANY, L.L.C.



Principal Place of Business

15950 BAY VISTA DRIVE, SUITE 140  
CLEARWATER FL 33760

Mailing Address

15950 BAY VISTA DRIVE, SUITE 140  
CLEARWATER FL 33760

27010111



MOORE

CR2E083 (11/03)

**SEA LINK TOOL & MFG., CO. LLC**  
98 GLASPIE STREET SOUTH  
OXFORD, MI 48371

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

75-3079251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**McFARLAND, SCOTT**  
15950 BAY VISTA DRIVE, SUITE 140  
CLEARWATER FL 33760

7. Name and Address of New Registered Agent

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

*Scott McFarland*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-04

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
NAME **VDTS**  
STREET ADDRESS **COBINE, CRAIG**  
CITY-ST-ZIP **2110 W. JETTON AVENUE**  
**TAMPA FL 33606**

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **McFARLAND, SCOTT**  
CITY-ST-ZIP **204 HIGHLAND WOODS DRIVE**  
**SAFETY HARBOR FL 34695**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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

*Scott McFarland*

Date

Daytime Phone #

1-20-04