

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90019 017 ****50.00

DOCUMENT # L02000025892

1. Entity Name

SUN & SEA DIVING, L.C.



Principal Place of Business

2817 DON QUIXOTE DR.
PUNTA GORDA FL 33950

Mailing Address

2817 DON QUIXOTE DR.
PUNTA GORDA FL 33950

2. Principal Place of Business

215 WOOD STREET

3. Mailing Address

215 WOOD STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PUNTA GORDA

City & State

FL

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

33950

Country

USA

Zip

33950

Country

CHARLOTTE

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

WOTITZKY, HAL F ESQ
223 TAYLOR ST.
PUNTA GORDA FL 33950

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 reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME MORRISON, RONALD
STREET ADDRESS 215 WOOD ST.
CITY-ST-ZIP PUNTA GORDA FL 33950

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Ronald W Morrison*

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

4/25/04 941 637-0462

Date

Daytime Phone #