

2007 LIMITED LIABILITY COMPANY. ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90147 024 ****50.00

DOCUMENT # L02000030773

1. Entity Name

H & L MARINE DEVELOPERS LLC



Principal Place of Business

3130 SE GRAN PARKWAY
STUART FL 34997
US

Mailing Address

3130 SE GRAN PARKWAY
STUART FL 34997
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SAME

City & State

SAME

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

55-0806111

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HELLRIEGEL, PHILIP L
11 CASTLE HILL WAY
SEWALL'S POINT FL 34996

7. Name and Address of New Registered Agent

Name

HELLRIEGEL, PHILIP L

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

3130 SE GRAN PKWY

City

STUART

FL

Zip Code

34997

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-15-07

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HELLRIEGEL, PHILIP L
STREET ADDRESS 11 CASTLE HILL WAY
CITY-ST-ZIP SEWALL'S POINT FL 34996 ☐ Delete

TITLE MGR
NAME LANG, ELIZABETH A
STREET ADDRESS 4577 SE WATERFORD DR.
CITY-ST-ZIP STUART FL 34997 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME PHILIP L HELLRIEGEL ☒ Change ☐ Addition
STREET ADDRESS 3130 SE GRAN PKWY
CITY-ST-ZIP STUART, FL 34997

TITLE MGR
NAME ELIZABETH A LANG ☒ Change ☐ Addition
STREET ADDRESS 525 SW ARROW AVE
CITY-ST-ZIP STUART, FL 34994

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

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

2-15-07

Date

772-919-0280

Daytime Phone #