FILED
Apr 04, 2003 8:00 am
Secretary of State
02-20-2003 90025 016 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

55022259

DOCUMENT # L02000034148

1. Entity Name

JL SEAWATCH, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
JL SEAWATCH, LLC	
Suite, Apt. #, etc. 809 HIGHPOINT DR.	Suite, Apt. #, etc.
City & State PORT ORANGE, FL	City & State
Zip 32127 Country USA VOLUSIA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1141784 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JAMES PAYTAS, JR.

Street Address (P.O. Box Number is Not Acceptable) 809 HIGHPOINT DR

City PORT ORANGE FL Zip Code 32127

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 _____ DATE

Signature required when adding or changing registered agent and if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JAMES PAYTAS JR MANAGING MEMBER 809 HIGHPOINT DRIVE PORT ORANGE, FL 32127
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER LARRY PATTERSON 3384 JOHN ANDERSON DRIVE ORMOND BCH, FL 32176
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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: _____ 2-12-03 386-756-0439

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — DATE — DAYTIME PHONE #