

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

06 APR 19 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000018687

1. Entity Name
KOTA SHIPPING LINES LLC.



Principal Place of Business
6278 N FEDERAL HWY SUITE 278
FT LAUDERDALE, FL 33308

Mailing Address
6278 N FEDERAL HWY SUITE 278
FT LAUDERDALE, FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152006 Chg-LLC CR2E083 (11/05)



4. FEI Number
56-2360002

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SANTANA, FRANCIS
280W FLAGLER ST SUITE 400
400
MIAMI, FL 33130

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME KOSZARYCZ, BOGDAN
STREET ADDRESS 6278 N FEDERAL HWY SUITE 278
CITY-ST-ZIP FT LAUDERDALE, FL 33308

TITLE MGR ☒ Delete
NAME GARCIA, GUADALUPE
STREET ADDRESS 6278 N FEDERAL HWY SUITE 278
CITY-ST-ZIP FT LAUDERDALE, FL 33308

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 04/19/06--01033--023 **80.00
CITY-ST-ZIP 800070959488

TITLE MGR ☒ Change ☐ Addition
NAME LACHAISE, CHRISTIAN
STREET ADDRESS 6278 N. Federal Hwy Suite 278
CITY-ST-ZIP Ft. Lauderdale, FL 33308

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

BOGDAN KOSZARYCZ

4/13/06

786-683-2240

Date

Daytime Phone #