# **FILED** May 02, 2005 8:00 am Secretary of State

05-02-2005 90372 036 \*\*\*\*50.00

2005 LIMITED LIABILITY COMPA ANNUAL REPORT	
DOCUMENT # L03000024377  1. Entity Name	S. C.
INTERNATIONAL SAFETY AND MARITIME SERVICES, LLC	



Principal Place of Business

Mailing Address

1187-HILLSBORO MILE, UNIT 7E HILLSBORO BEACH, FL 33062

1187 HILLSBORO MILE, UNIT 7E HIL<del>LSBORO BEACH, FL 330</del>62

241 Summa St W. Palm Beach F1 33405

some as corre



### DO NOT WRITE IN THIS SPACE

04282005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number **NOT APPLICABLE** 

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LARCOMBE, VALERIE C/O AKERMAN SENTERFITT 222 LAKEVIEW AVENUE, SUITE 400 WEST PALM BEACH, FL 33401

# DO NOT WRITE IN THIS SPACE

<ol> <li>The above named entity submits this statement for the purpose of cha the obligations of registered agent.</li> </ol>	anging its registered office or registered agent, or both, it	n the State of Florida. I am familiar with, and accept
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00		

#### Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LARCOMBE, STUART  M87 HILLSBORD MILE, UNIT 7E 241 SUMMAS HILLSBORD BEACH, EL 33062 W.Palm Beach, E
TITLE NAME STREET ADDRESS CHY-ST-ZIP	
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	certify that the information supplied with this filing does not qualify for the ex

33405

# DO NOT WRITE IN THIS SPACE

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

4-29-05

ING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #