

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90272 038 ****50.00

DOCUMENT # L03000025174

1. Entity Name
OCEANIC I, LLC



Principal Place of Business
**4040 GALT OCEAN DRIVE
FORT LAUDERDALE, FL 33308**

Mailing Address
**4040 GALT OCEAN DRIVE
FORT LAUDERDALE, FL 33308**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

65-1220424

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HERMAN, BRUCE
1401 E. BROWARD BLVD., SUITE 206
FORT LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent

Name

ANTOLIO PESTANO JR.

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

7758 NW 44 ST

City

SUNRISE

FL

Zip Code

33351

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

ANTOLIO PESTANO JR.

3-8-04

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GAMBINO, JEFFREY S
4040 GALT OCEAN DRIVE
FORT LAUDERDALE, FL 33308**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TALENICO, FRANCESCO
4040 GALT OCEAN DR.
FT LAUDERDALE FL 33308**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

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

Date

Daytime Phone #