2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000038924

1. Entity Name
SEAPORT EQUIPMENT LLC.

Principal Place of Business	Mailing Address
125 NE 9TH STREET MIAMI, FL 33132	125 NE 9TH STREET MIAMI, FL 33132

DO NOT WRITE IN THIS SPACE

04012008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
54-2132281
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROVIROSA, FRANK V
125 NE 9TH STREET
MIAMI, FL 33132

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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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000881328
04/15/08-80096-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ROVIROSA, JORGE P
STREET ADDRESS	10405 SW 122 STREET
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	MGR
NAME	ROVIROSA, FRANK V
STREET ADDRESS	4080 EL PRADO
CITY-ST-ZIP	COCONUT GROVE, FL 331336310
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	

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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: F Rovirosa FRANK V. ROVIROSA 04/02/08 (305)373-4765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #