

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2004 8:00 am
Secretary of State

05-07-2004 90006 018 ****50.00

DOCUMENT # L03000043048

1. Entity Name
SYKES MARINE HOLDINGS, LLC



Principal Place of Business

Mailing Address

2400 AVENUE B
RIVIERA BEACH, FL 33404

2400 AVENUE B
RIVIERA BEACH, FL 33404

34009561



2. Principal Place of Business

3. Mailing Address

11501 Ellison Wilson Rd

11501 Ellison Wilson Rd

05032004 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm Beach Gardens FL

Palm Beach Gardens FL

4. FEI Number

Applied For

Not Applicable

Zip
33410

Country

Zip
33410

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENNEDY, PAUL ROGERS
11891 U.S. HIGHWAY ONE - Suite 100
NORTH PALM BEACH, FL 33408

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

4/29/04

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BG Sykes Managing
State Attorney
333 East 24th St. West Palm Beach,
FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 #

Paul R. Kennedy

7/26/04

561-622-2700