

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001853

Entity Name: SEA AIR MARINE, LLC

FILED  
Apr 18, 2011  
Secretary of State

**Current Principal Place of Business:**

3560 BARRANCAS AVE  
PENSACOLA, FL 32507

**New Principal Place of Business:**

**Current Mailing Address:**

3560 BARRANCAS AVE  
PENSACOLA, FL 32507

**New Mailing Address:**

FEI Number: 55-0856538

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COSTELLO, WILLIAM O JR  
523 EDGEWATER DR  
PENSACOLA, FL 32507 US

**Name and Address of New Registered Agent:**

COSTELLO, WILLIAM JR.  
523 EDGEWATER DR.  
PENSACOLA, FL 32507 US

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.

SIGNATURE: WILLIAM O. COSTELLO, JR.

04/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: COSTELLO, WILLIAM O JR  
Address: 523 EDGEWATER DR.  
City-St-Zip: PENSACOLA, FL 32507

Title: MS.  
Name: COSTELLO, ANN  
Address: 523 EDGEWATER DR.  
City-St-Zip: PENSACOLA, FL 32507-133

Title: MS.  
Name: COSTELLO, ANN  
Address: 523 EDGEWATER DR.  
City-St-Zip: PENSACOLA, FL 32507

Title: MS.  
Name: COSTELLO, ANN  
Address: 523 EDGEWATER DR.  
City-St-Zip: PENSACOLA, FL 32507

Title: MS.  
Name: COSTELLO, ANN  
Address: 523 EDGEWATER DR.  
City-St-Zip: PENSACOLA, FL 32507

Title: MS.  
Name: COSTELLO, ANN  
Address: 523 EDGEWATER DR.  
City-St-Zip: PENSACOLA, FL 32507

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM O. COSTELLO, JR.

MR.

04/18/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date