

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90173 013 \*\*\*150.00

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**DOCUMENT # L04000013958**

1. Entity Name  
**AQUAMARINE REPAIR SERVICE, LLC**



Principal Place of Business  
8411 - 109TH ST. N.  
SEMINOLE, FL 33772 US

Mailing Address  
8411 - 109TH ST. N.  
SEMINOLE, FL 33772 US

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

01062005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-0765790**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**PHILLIPS, JOSEPH D**  
**8411 - 109TH ST. N.**  
**SEMINOLE, FL 33772**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

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

| 9. MANAGING MEMBERS/MANAGERS |                    |                                 | 10. ADDITIONS/CHANGES |      |   |
|------------------------------|--------------------|---------------------------------|-----------------------|------|---|
| TITLE                        | NAME               | <input type="checkbox"/> Delete | TITLE                 | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS               | JOSEPH D PHILLIPS  |                                 | STREET ADDRESS        |      |   |
| CITY-ST-ZIP                  | 8411 109TH ST N    |                                 | CITY-ST-ZIP           |      |   |
|                              | SEMINOLE, FL 33772 |                                 |                       |      |   |
| TITLE                        | NAME               | <input type="checkbox"/> Delete | TITLE                 | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS               | MANAGING MEMBERS   |                                 | STREET ADDRESS        |      |   |
| CITY-ST-ZIP                  | NANCY R PHILLIPS   |                                 | CITY-ST-ZIP           |      |   |
|                              | 8411 109TH ST N    |                                 |                       |      |   |
|                              | SEMINOLE, FL 33772 |                                 |                       |      |   |
| TITLE                        | NAME               | <input type="checkbox"/> Delete | TITLE                 | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS               |                    |                                 | STREET ADDRESS        |      |   |
| CITY-ST-ZIP                  |                    |                                 | CITY-ST-ZIP           |      |   |
| TITLE                        | NAME               | <input type="checkbox"/> Delete | TITLE                 | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS               |                    |                                 | STREET ADDRESS        |      |   |
| CITY-ST-ZIP                  |                    |                                 | CITY-ST-ZIP           |      |   |
| TITLE                        | NAME               | <input type="checkbox"/> Delete | TITLE                 | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS               |                    |                                 | STREET ADDRESS        |      |   |
| CITY-ST-ZIP                  |                    |                                 | CITY-ST-ZIP           |      |   |

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:** Joseph Donald Phillips **2/16/05 (727) 397-7916**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #