2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 21, 2005 8:00 am Secretary of State 02-21-2005 90173 013 ***150.00

DOCUMENT # L04000013958 1. Entity Name AQUAMARINE REPAIR SERVICE, LLC					02-21-2005 90173 013 ***150.00		
Principal Place	e of Business	Mailing Address			⇔ αατα Ω Ο		
8411 - 109T SEMINOLE, F	H ST. N.	8411 - 109TH ST. N. Seminole, FL 33772 US				B MICE (BID) 20101 M	::D-0: (1) +D-0
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01062005 Chg-LLC CR2	E083 (10/03)	
City & State	9	City & State			4. FEI Number 20 - 6765790		oplied For ot Applicable
Zip	Country	Ζip	Zip Country		5. Certificate of Status Desired	\$5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent:		N	7. Name and Address of New Registers	d Agent	
PHILLIPS	JOSEPH D		Name				
8411 - 109				Street Address (P.O. Box Number is Not Acceptable)			
				City	· F	Zip Cod	e -
9 The above	named entity submits this statement for	the purpose of abouting the re	n gintara	d office or speigter	-	- 1	
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 tite if applicable							
entrace in the contract of the							
	ling:Fee is \$50.00. ue by May 1, 2005	,			Make check Florida Depart		
tr.k Due by may 1, 2005					Florida Depart	OI Stat	
9	MANAGING MEMBE	RS/MANAGERS	10.	1	ADDITIONS/CHANG	ES	
TITLE)	MATABITE MEMBER		TITLE			Change	☐ Addition
NAME STREET ADDRESS	JOSEPH DO PHILLY	Rs	NAME	ET ADDRESS			
City-ST-ZIP	841, 1094 STN		E	ST-ZIP	•		
TITLE	MANAGINA MEMBEL	33 772	TITLE			☐ Change	Addition
NAME	NAMEY R' PHILLIA	5	NAME			Gridinge	
STREET ADDRESS	8411 109M STN	,		ET ADDRESS			•
CITY-ST-ZIP	SEMINOLE, FE 33	772	СПҮ-	ST-ZiP			
TITLE		☐ Detete	TITLE			Change	Addition Addition
NAME Street address			NAME	ET ADDRESS			
CITY-ST-ZIP				ST-ZIP	-		
TITLE	-	☐ Detete	TITLE			☐ Change	☐ Addition
NAME			NAME				
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NAME		- Delicie	NAME			Onlinge	- 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.							