

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90301 038 ****50.00

DOCUMENT # L04000026256

1. Entity Name

SARASOTA BARE BOAT CHARTERS LLC



Principal Place of Business

Mailing Address

~~1520 NORTHGATE BLVD~~
SARASOTA FL ~~34234~~

~~1520 NORTHGATE BLVD~~
SARASOTA FL ~~34234~~



2. Principal Place of Business

3. Mailing Address

7155 16th St E
Suite 101

7155 16th St E
Suite 101

City & State

City & State

Sarasota FL

Sarasota FL

Zip

Country

Zip

Country

34243

34243

4. FEI Number

20-0965062

Applied For

Not Applicable

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

RICHMOND, MARK
~~1520 NORTHGATE BLVD~~
SARASOTA FL ~~34234~~

Name

Street Address (P.O. Box Number is Not Acceptable)

7155 16th St E Suite 101

City

FL

Zip Code

34243

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 \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
RICHMOND, MARK C
8451 MIDNIGHT PASS RD
SARASOTA FL 34242

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
PFLAUM, FRED
4919 PRIMROSE PATH
SARASOTA FL 34242

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
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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 Section 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:

Mark C. Richmond

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #