2005 LIMITED LIABILITY COMPANY

Jul 05, 2005 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # L04000042683** 07-05-2005 90001 009 ****50.00 TURN KEY MARINE SERVICE LLC Mailing Address Principal Place of Business **646 ANCHORS STREET NW 646 ANCHORS STREET NW** 20061142 FORT WALTON BEACH, FL 32548 FORT WALTON BEACH, FL 32548 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06292005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number 16-1701402 Not Applicable Zip Country Country \$5.00 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOGER-FLORES, Valentina SCHOGER, VALENTINA Street Address (P.O. Box Number is Not Acceptable 308 MIRACLE STRIP PKWY 37 D FORT WALTON BEACH, FL 32548 Fort Walton Beach 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. 2005 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 7, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM MGRH ☐ Delete TITLE Change ☐ Addition TITLE FLORES, DAMES L. 646-Anchors Street, Bldg. 2 FLORES, JAMES L NAME STREET ADDRESS 308 MIRACLE STRIP PKWY 37 D STREET ADDRESS Fort Walton Beach , FL CITY-ST-ZIP FORT WALTON BEACH, FL 32548 CITY-ST-ZIP MGRM **MGRM** TITLE TITLE Delete Change Change ☐ Addition SCHOGER-FLORES, VALENTIN SCHOGER, VALENTINA NAME NAME 646 Anchors street, Bldg. 2 Fort Wolfon Seach, FL 32 308 MIRACLE STRIP PKWY 37 D STREET ADDRESS STREET ADDRESS FORT WALTON BEACH, FL 32548 CITY-ST-ZIP 32548 CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Detete TITLE TITLE ☐ Chance ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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. (850)24

Valentina Schoper - Flores ING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE