

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90401 028 \*\*\*138.75

**DOCUMENT # L04000046993**

1. Entity Name  
**TERRY CLARKE MARINE SERVICE, L.L.C.**



Principal Place of Business  
**3951 SUNRISE DRIVE SOUTH  
ST. PETERSBURG, FL 33705**

Mailing Address  
**3951 SUNRISE DRIVE SOUTH  
ST. PETERSBURG, FL 33705**

**60011923**



2. Principal Place of Business - No P.O. Box #  
**4021 SUNRISE DRIVE SOUTH**  
Suite, Apt. #, etc.

3. Mailing Address  
**4021 SUNRISE DRIVE SOUTH**  
Suite, Apt. #, etc.

02262008 Chg-LLC CR2E083 (12/06)

City & State  
**ST. PETERSBURG FL**  
Zip  
**33705**

City & State  
**ST. PETERSBURG FL**  
Zip  
**33705**

4. FEI Number  
**20-1237238**  
Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CLARKE, TERRY  
4021 SUNRISE DR SOUTH  
ST. PETERSBURG, FL 33705**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CLARKE, TERRY 4021 SUNRISE DR S ST. PETERSBURG, FL 33705	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11: I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** Terry Clarke  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/28/08 1-727-894-4221  
Date Daytime Phone #