

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90110 018 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000069503

1. Entity Name
TRIO MARINE GROUP, LLC



60049633



Principal Place of Business
**2361 PGA BLVD
PALM BEACH GARDENS, FL 33410**

Mailing Address
**2361 PGA BLVD
PALM BEACH GARDENS, FL 33410**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04252007 Chg-LLC CR2E083 (12/06)

City & State
Zip Country

City & State
Zip Country

4. FEI Number
20-1798837

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HAMRICK, MICHAEL M
601 12TH STREET WEST
BRADENTON, FL 34205**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

| | | |
|----------------|------------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | BONGIORNO, FRANK | |
| STREET ADDRESS | 222 MANSION AVE | |
| CITY-ST-ZIP | STATEN ISLAND, NY 10308 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | GALATI, JOE | |
| STREET ADDRESS | 900 S BAY BLVD | |
| CITY-ST-ZIP | ANNA MARIA, FL 34216 | |
| TITLE | C | <input type="checkbox"/> Delete |
| NAME | RITT, RICHARD | |
| STREET ADDRESS | 2361 PGA BLVD | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33410 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | SCOTT, WARD | |
| STREET ADDRESS | 2361 PGA BLVD | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33410 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

| | | |
|----------------|------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JAY HENDRIX | |
| STREET ADDRESS | 2361 PGA BLVD | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33410 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

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

4/25/07 (561)624-9950

Date Daytime Phone #