

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 26, 2005 8:00 am
Secretary of State

08-26-2005 90086 014 ****50.00

DOCUMENT # L04000073072

1. Entity Name
GOIN' SOUTH CHARTERS LLC



Principal Place of Business
**105 FRONT STREET, NO. 219
KEY WEST, FL 33040**

Mailing Address
**105 FRONT STREET, NO. 219
KEY WEST, FL 33040**

20067277



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08242005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-1789400

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

**COLEMAN, JERRY ESQ.
JERRY COLEMAN, P.L.
201 FRONT STREET, SUITE 203
KEY WEST, FL 33040-8347**

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 re-registering)

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MGRM
STEVEN SAPP
105 FRONT STREET NO. 219
KEY WEST FL 33040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

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

8/24/05

Date

Daytime Phone #