

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000085051

1. Entity Name
MARINE ENGINEERING SOLUTIONS, LLC



Principal Place of Business
1977 ILLINOIS AVENUE NE
ST. PETERSBURG, FL 33703

Mailing Address
1977 ILLINOIS AVENUE NE
ST. PETERSBURG, FL 33703

DO NOT WRITE IN THIS SPACE



02262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1935083

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAXMAN, BONNIE
1977 ILLINOIS AVENUE NE
ST. PETERSBURG, FL 33703

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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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SAXMAN, BONNIE
1977 ILLINOIS AVENUE NE
ST. PETERSBURG, FL 33703

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SAXMAN, KEVIN
1977 ILLINOIS AVENUE NE
ST. PETERSBURG, FL 33703

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/26/07-80032-018 50.00

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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: Bonnie Saxman Bonnie Saxman 3/1/07 727-522-9752

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

Daytime Phone #