

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 19 AM 10:54

DOCUMENT # L05000034850

1. Entity Name
SEA SENSE LLC



Principal Place of Business
137 CANAL STREET
NEW SMYRNA BEACH, FL 32168

Mailing Address
137 CANAL STREET
NEW SMYRNA BEACH, FL 32168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10182006 REIN-LLC CR2E101 (11/05)

City & State

City & State

4. FEI Number 11-3752582

Applied For
Not Applicable

Zip

Country

Zip

Country

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

FOMENCO, SERGUEI
137 CANAL STREET
NEW SMYRNA BEACH, FL 32168

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

S. Fomenko
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME FOMENCO, SERGUEI
STREET ADDRESS 137 CANAL STREET
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500082649675
CITY-ST-ZIP 12/13/06--01063--005 **\$50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

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

Date

Daytime Phone #

Dec 13 2006 712-509-1879