


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000035707 1. Entity Name NAVYFLEET, LLC	
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Principal Place of Business 224 COMMERCIAL BLVD, STE 310 LAUDERDALE-BY-THE-SEA, FL 33308	Mailing Address 224 COMMERCIAL BLVD, STE 310 LAUDERDALE-BY-THE-SEA, FL 33308
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02022007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4296903	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, MARY F
224 COMMERCIAL BLVD, STE 310
LAUDERDALE-BY-THE-SEA, FL 33308

**DO NOT WRITE
IN THIS SPACE**

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

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

0000000020987
02/03/07-80059-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDERSON, MARY F 224 COMMERCIAL BLVD, # 310 LAUDERDALE BY THE SEA, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLEET, STEPHEN A 224 COMMERCIAL BLVD, # 310 LAUDERDALE BY THE SEA, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDERSON, LOUIS C 224 COMMERCIAL BLVD, # 310 LAUDERDALE BY THE SEA, FL 33308
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IN THIS SPACE**

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:

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

2/2/07
Date

954 772 8050
Daytime Phone #