

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 09, 2006 8:00 am
Secretary of State

08-09-2006 90094 044 ****55.00

DOCUMENT # L05000050355



1. Entity Name

RICHIE'S BOAT REPAIR, L.L.C.

Principal Place of Business

**3450 W. DOWNING STREET
ENGLEWOOD FL 34224**

Mailing Address

**3450 W. DOWNING STREET
ENGLEWOOD FL 34224**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3557830

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

**GULLOTTA, BARBARA
3450 W. DOWNING STREET
ENGLEWOOD FL 34224**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGR
GULLOTTA, RICHARD
3450 W. DOWNING STREET
ENGLEWOOD FL 34224**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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CITY - ST - ZIP

**MGR
GULLOTTA, BARBARA
3450 W. DOWNING STREET
ENGLEWOOD FL 34224**

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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:

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

Date

Daytime Phone #