

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90277 023 ****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 - No P.O. Box #

2850 Ave. of the Americas
Suite, Apt. #, etc.
ENGLEWOOD,
City & State FL.

3. Mailing Address

SAME AS ABOVE
Suite, Apt. #, etc.
City & State

1st MOORE

CR2E083 (10/06)

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

GULLOTTA, BARBARA
3450 W. DOWNING STREET
ENGLEWOOD FL 34224

7. Name and Address of New Registered Agent

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 resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME GULLOTTA, RICHARD
STREET ADDRESS 3450 W. DOWNING STREET
CITY- ST- ZIP ENGLEWOOD FL 34224

TITLE MGR ☐ Delete
NAME GULLOTTA, BARBARA
STREET ADDRESS 3450 W. DOWNING STREET
CITY- ST- ZIP ENGLEWOOD FL 34224

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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 Section 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 #

BARBARA A. GULLOTTA 1/31/07 (941) 468-4968