

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000064787**

1. Entity Name

ALL SEASONS MARINE SERVICES LLC



Principal Place of Business

1278 TRAIL TERRACE DRIVE  
NAPLES FL 34103

Mailing Address

1278 TRAIL TERRACE DRIVE  
NAPLES FL 34103



2. Principal Place of Business - No P.O. Box #

1278 TRAIL TERRACE DR

Suite, Apt. #, etc.

3. Mailing Address

1278 TRAIL TERRACE DR.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34103

Country

COLLIER

Zip

34103

Country

COLLIER

4. FEI Number

34-2056701

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

SMITHEM, BRADLEY C  
1278 TRAIL TERRACE DRIVE  
NAPLES FL 34103

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

*Bradley C. Smithem*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-20-07

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
SMITHEM, BRADLEY C  
1278 TRAIL TERRACE DRIVE  
NAPLES FL 34103 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
U000000679014  
04/03/07 80021 812 55.00 ☐ Change ☐ Addition

TITLE  
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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:

*Bradley C. Smithem*

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

Date

Daytime Phone #