

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90036 022 ****50.00

DOCUMENT # L05000076259

1. Entity Name

FLORIDA MARITIME SERVICES LLC



Principal Place of Business

289 MARINER LANE
ROTONDA WEST FL 33947

Mailing Address

289 MARINER LANE
ROTONDA WEST FL 33947



2. Principal Place of Business

44 PINEHURST PL

Suite, Apt. #, etc.

3. Mailing Address

44 PINEHURST PL

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

ROTONDA WEST FL 33947

City & State

ROTONDA WEST FL 33947

4. FEI Number

11-3755923

Applied For

Not Applicable

Zip

33947

Country

USA

Zip

33947

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, DONALD E
289 MARINER LANE
ROTONDA WEST FL 33947

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME BROWN, DONALD E
STREET ADDRESS 289 MARINER LANE 44 PINEHURST PL
CITY-ST-ZIP ROTONDA WEST FL 33947

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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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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

DONALD E BROWN

3-31-06 7576193649

Date

Daytime Phone #