


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Aug 04, 2008 8:00 am
Secretary of State

08-04-2008 90053 017 ***138.75

DOCUMENT # L06000001426	
1. Entity Name TRANS-MARINE LLC	

Principal Place of Business 400 A NORTH FLAGLER DR. WEST PALM BCH, FL 33401	Mailing Address 400 A NORTH FLAGLER DR. WEST PALM BCH, FL 33401
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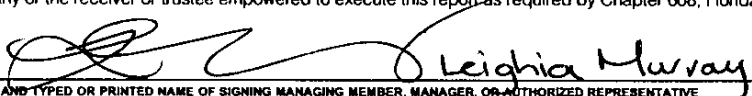
2. Principal Place of Business - No P.O. Box # 411 Walnut St #	3. Mailing Address 411 Walnut St
Suite, Apt. #, etc. #4582	Suite, Apt. #, etc. #4582
City & State Green Cove Springs FL	City & State Green Cove Springs
Zip 32043	Country USA

	
07282008 Chg-LLC	CR2E083 (12/06)
4. FEI Number 20-4077727	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410	

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 _____ (NOTE: Registered Agent signature required when reissuing)	
DATE _____	

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURRAY, CAMERON K 400 A NORTH FLAGLER DR. WEST PALM BCH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURRAY, LEIGHIA C 400 A NORTH FLAGLER DR. WEST PALM BCH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		07/28/08	954-6837368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #