

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000012001

**FILED**  
**Mar 26, 2008**  
**Secretary of State**

**Entity Name:** POLLON PROFESSIONAL MARINE SERVICE, LLC

**Current Principal Place of Business:**

3380 S.W. 19TH STREET  
FT. LAUDERDALE, FL 33312 US

**New Principal Place of Business:**

**Current Mailing Address:**

3380 S.W. 19TH STREET  
FT. LAUDERDALE, FL 33312 US

**New Mailing Address:**

757 S.E. 17TH STREET  
# 765  
FT. LAUDERDALE, FL 33316 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

POLLON, BENJAMIN  
3380 S.W. 19TH STREET  
FT. LAUDERDALE, FL FL 33312 US

**Name and Address of New Registered Agent:**

POLLON, BENJAMIN  
3380 SW 19TH STREET  
FT. LAUDERDALE, FL FL 33312 US

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.

SIGNATURE: BENJAMIN POLLON

03/26/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: POLLON, BENJAMIN  
Address: 3380 SW 19TH STREET  
City-St-Zip: FT LAUDERDALE, FL 33312 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BENJAMIN POLLON

MGR

03/26/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date