

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000040237**

1. Entity Name  
**SEA LEVEL MARINE, LLC**



Principal Place of Business

**18951 NE 4TH COURT  
MIAMI, FL 33179**

Mailing Address

**18951 NE 4TH COURT  
MIAMI, FL 33179**



01032008 No Chg-LIC

CR2E083 (12/07)

4. FEI Number  
**20-4763369**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**LEE, BARRY V  
250 LAYNE BLVD.  
110  
HALLANDALE, FL 33009**

**DO NOT WRITE  
IN THIS SPACE**

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 \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR LEE, BARRY V 250 LAYNE BLVD. # 110 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS PREJEAN-GRAVES, DARELYNN L 1450 E SHERIDAN ST #E-27 HOLLYWOOD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR CLARK, SCOTT 1818 RODMAN STREET HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000783755  
01/16/08-80028-002 143.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

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

Date

Daytime Phone #