2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

建设于1000年,中国共和国的基本的发展的企业,1000年代的企业的企业

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000052138

1. Entity Name

CAPT PAUL BOATING SAFETY CONSULANTS LLC



Principal Place of Business

2573 SE 14TH ST POMPANO BEACH, FL 33062 Mailing Address

2573 SE 14TH ST

POMPANO BEACH, FL 33062

FILED Mar 03, 2008 08:00 A Secretary of State



02202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4940323

Applied For

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

MERCIER, PAUL 2573 SE 14TH ST POMPANO BEACH, FL 33062



The above named entity submits this statement for the purpose of changing its registered office or r	egistered agent, or both, in the State of Florida. I am familiar with, ar	nd accept
the obligations of registered agent.	α / γ	
the obligations of registered agent.	2/27/18	
	1000 1111	

SIGNATURE Signature, typed or p

gnature, 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 03/13/08-80031-016 138.75 -

9.	MANAGING MEMBERS/MANAGERS	· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MERCIER, PAUL 2573 SE 14TH ST POMPANO BEACH, FL 33062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filling 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; DR AUTHORIZED REPRESENTATIVE

2/27/08 954-778-9787

Dale

Daylima Phone #