

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 20, 2007 8:00 am
Secretary of State

07-20-2007 90040 033 ****50.00

DOCUMENT # L06000054692

1. Entity Name
KETCH & YAWL, LLC



Principal Place of Business
**2219 OVERSEA HIGHWAY
MARATHON, FL 33050 US**

Mailing Address
**2219 OVERSEA HIGHWAY
MARATHON, FL 33050 US**

60053031

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
P.O. BOX 5828

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07162007 Chg-LLC CR2E083 (12/06)

City & State

City & State
LAKE LAND, FLORIDA

4. FEI Number
20-5007680

Applied For
Not Applicable

Zip

Country

Zip

Country

33087 U.S.

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOOD, CHARLES
2219 OVERSEA HIGHWAY
MARATHON, FL 33050**

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

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CORCORAN, TOM
P O BOX 5828
LAKE LAND, FL 33807** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WOOD, CHARLES
2219 OVERSEA HIGHWAY
MARATHON, FL 33050** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #