


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90027 016 ***138.75

DOCUMENT # L06000101017	
1. Entity Name TECH MARINE SYSTEMS, LLC	

Principal Place of Business 1303 CORDOVA RD. FT. LAUDERDALE, FL 33316	Mailing Address 1303 CORDOVA RD. FT. LAUDERDALE, FL 33316
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60037111



2. Principal Place of Business - No P.O. Box # 1300 SE 17th St. Causeway	3. Mailing Address 1300 SE 17th St. Causeway
Suite, Apt. #, etc. 200	Suite, Apt. #, etc. 200
City & State FT. LAUDERDALE, FL	City & State FT. LAUDERDALE, FL
Zip 33316	Country

04222008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5736474	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SGALLA, FRANCO 10684 N.W. 12TH COURT PLANTATION, FL 33322	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SGALLA, FRANCO 10684 N.W. 12TH COURT PLANTATION, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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:  **Franco Sgalla** **(954) 990-4886**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #