2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 11, 2007 8:00 am
Secretary of State

06-11-2007 90108 005 ****50.00

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06072007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000114461

1. Entity Name
ALL KEYS BOAT LIFTS LLC.

Principal Place of Business
27 AVE D
KEY LARGO, FL 33037 US

Mailing Address
27 AVE D
KEY LARGO, FL 33037 US

2. Principal Place of Business - No P.O. Box #
101681 Overseas Hwy

Suite, Apt. #, etc.

City & State
Key Largo FL

Zip
33037

Country
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 20-5953306 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SOWDER, KIMBERLY M
27 AVE D
KEY LARGO, FL 33037

7. Name and Address of New Registered Agent

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

TITLE	MGRM	☒ Delete
NAME	SOWDER, ROGER R	
STREET ADDRESS	27 AVE D	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	MGRM	☐ Delete
NAME	SOWDER, KIMBERLY M	
STREET ADDRESS	27 AVE D	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE		☐ Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

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

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: Kim Sowder 6/7/07 (305) 619-7348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #