

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 03, 2008 8:00 am
Secretary of State

05-09-2008 90064 011 ***138.75

DOCUMENT # L07000004078 1. Entity Name OFFSHORE MARINE CONSTRUCTION, LLC					
Principal Place of Business 2511 VASCO STREET UNIT 112 PUNTA GORDA, FL 33950 US			Mailing Address 2511 VASCO STREET UNIT 112 PUNTA GORDA, FL 33950 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 20-8214423			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent MIDOLO, BRUCE 2511 VASCO STREET UNIT 112 PUNTA GORDA, FL 33950			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 _____ (NOTE: Registered Agent signature required when renewing) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIDOLO, BRUCE 17345 OPHIR LANE PUNTA GORDA, FL 33955	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIDOLO, BRIAN 601 BAL HARBOR BLVD. PUNTA GORDA, FL 33950	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIDOLO, BRIAN 601 BAL HARBOR BLVD. PUNTA GORDA, FL 33950	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIDOLO, BRIAN 601 BAL HARBOR BLVD. PUNTA GORDA, FL 33950	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIDOLO, BRIAN 601 BAL HARBOR BLVD. PUNTA GORDA, FL 33950	☐ Delete			
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: _____			4/23/08 941-505-0221		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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04222008 Chg-LLC CR2E083 (12/06)

FL

Zip Code

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