04/23/08 WED 12:02 FAX 941 953 7670

SIGNATURE:

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C S & L, CPA'S

**FILED** 

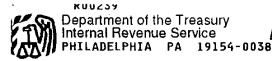
## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 25, 2008 8:00 am Secretary of State **DOCUMENT # L07000048820** 04-25-2008 90020 036 \*\*\*143.76 1. Entity Name **GULF MARINE TOWING, LLC** Principal Place of Business Malling Address 340-A GULF OF MEXICO DRIVE, UNIT 112 340-A GULF OF MEXICO DRIVE, UNIT 112 LONGBOAT KEY, FL 34228 LONGBOAT KEY, FL 34228 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Sulte, Apr. #, etc. 04182008 Chg-LLC CR2E083 (12/08) 4. FEI Number 11-3812722 City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SILBERSTEIN, DAVID M Street Address (P.O. Box Number is Not Acceptable) PLAZA AT FIVE POINTS 50 CENTRAL AVENUE, SUITE 700 SARASOTA FL 34236 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 rema of regulared spent and the V epistable (NOTE: Registered Agent significate required when reinerating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check paveble to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ De iste TITLE □ Addition NAME BLACK, THOMAS JACK NAME STREET ADDRESS 340-A GULF OF MÉXICO DRIVE, UNIT 112 STREET ADDRESS CRY-ST-219 LONGBOAT KEY, FL 34228 CITY-ST-ZIP MGR Delete TITLE TITLE ☐ Change ☐ Addition BLACK, PHYLLIS R NAME NAME 340-A GULF OF MEXICO DRIVE, UNIT 112 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY, FL 34228 CITY-ST-70 TILE ☐ Delate Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE Delats TITLE Chunge Addition KAME NAME STREET ADDRESS STREET ADDRESS CITY-51-ZP CITY-ST-ZIP TITLE ☐ Datera TITLE Change Addition MALGE HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 cath; that I am a managing member or manager of the limited liability company or the receiver or true ampowered to execute this report as required by Chapter 608, Florida Statutes.

T. JACK BIRDE

DATHER

O MANAGING MEMBER, HAMAGER,



ATTACHMENT

Notice Number: CP-209
Taxpayer Identification Number:
11-3812722

# 60700048820

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GULF MARINE TOWING LLC THOMAS JACK BLACK MBR 340A GULF OF MEXICO DR LONGBOAT KEY FL 34228-4008405 For assistance, call: 1-800-829-0115

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## **EIN Assigned in Error**

Our records indicate we have incorrectly assigned more than one employer identification number to you. The number shown above is your correct one. The following number has been incorrectly assigned: 90-0338164

We will transfer any payments or returns to your account under the correct employer identification number.

Please use the correct number and account name, exactly as shown above, on business tax returns, payments, payments made electronically, and related correspondence.

Please destroy any federal tax deposit coupon books that show the incorrect employer identification number.

If you deposit electronically, please verify that your EIN is correct before making your deposit with the financial institution designated to process your electronic funds transfer (EFT) tax payments.

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.