

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2008 SEP 25 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09242008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000062626

1. Entity Name  
ARTER'S CHARTERS, LLC



Principal Place of Business  
3694 TROPIC STREET  
BIG PINE KEY, FL 33043

Mailing Address  
3694 TROPIC STREET  
BIG PINE KEY, FL 33043

2. Principal Place of Business - No P.O. Box #  
LITTLE PALM ISLAND  
Suite, Apt. #, etc.

3. Mailing Address  
285 3694 TROPIC ST  
Suite, Apt. #, etc.

City & State  
LITTLE TURTLE KEY FL  
Zip 33043 Country USA

City & State  
BIG PINE KEY FL  
Zip 33043 Country USA

4. FEI Number  
260 353663

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARTER, J. TIM  
3694 TROPIC STREET  
BIG PINE KEY, FL 33043

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME ARTER, J. TIM  
STREET ADDRESS 3694 TROPIC STREET  
CITY-ST-ZIP BIG PINE KEY, FL 33043

TITLE MGR ☐ Delete  
NAME ARTER, SUSAN M  
STREET ADDRESS 3694 TROPIC STREET  
CITY-ST-ZIP BIG PINE KEY, FL 33043

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**400136379684**  
**09/26/08-01027-002 \*\*138.75**

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**9-27-08 305-797-0878**

Date

Daytime Phone #