


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90079 020 ***138.75

DOCUMENT # L07000081422 1. Entity Name DITTO MARINE LLC																													
Principal Place of Business 431 PUTNAM COUNTY BLVD EAST PALATKA, FL 32131 US			Mailing Address PO BOX 539 EAST PALATKA, FL 32131 US																										
2. Principal Place of Business - No P.O. Box # 145 Carter Crabtree Rd		3. Mailing Address same																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State East Palatka FL		City & State 																											
Zip 32131		Country US		Zip 																									
Country 																													
6. Name and Address of Current Registered Agent DITTO, BRUCE N 431 PUTNAM COUNTY BLVD EAST PALATKA, FL 32131			7. Name and Address of New Registered Agent Name same Street Address (P.O. Box Number is Not Acceptable) 145 Carter Crabtree Rd City same																										
State FL			Zip Code same																										
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: <u>Bruce N. Ditto</u> <u>Bruce N. Ditto</u> <u>4/25/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
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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4. FEI Number
26-0688776

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
same

Street Address (P.O. Box Number is Not Acceptable)
145 Carter Crabtree Rd

City
same

State
FL

Zip Code
same

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: Bruce N. Ditto Bruce N. Ditto 4/25/08
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
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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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: Bruce N. Ditto Bruce N. Ditto 4/25/08 386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #