

# **2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000088095

**FILED**  
**Jun 17, 2009**  
**Secretary of State**

**Entity Name:** F & S MARINE & INDUSTRIAL SERVICES, EASTERN DIVISION, LLC

**Current Principal Place of Business:**

12940 FOREST GLEN COURT S  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

12940 FOREST GLEN COURT S  
JACKSONVILLE, FL 32224

**New Mailing Address:**

**FEI Number:** 26-0815289

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STRICKLAND, ROBERT  
12940 FOREST GLEN COURT S  
JACKSONVILLE, FL 32224 US

**Name and Address of New Registered Agent:**

STRICKLAND, ROBERT C  
12940 FOREST GLEN COURT S  
JACKSONVILLE, FL 32224 US

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.

**SIGNATURE:** ROBERT C STRICKLAND

06/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** P ( ) Delete  
**Name:** STRICKLAND, CARLOUS  
**Address:** 12940 FOREST GLEN COURT S  
**City-St-Zip:** JACKSONVILLE, FL 32224

**ADDITIONS/CHANGES:**

**Title:** P (X) Change ( ) Addition  
**Name:** STRICKLAND, ROBERT C  
**Address:** 12940 FOREST GLEN COURT S  
**City-St-Zip:** JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** ROBERT C STRICKLAND

P

06/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date