2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000091958

1. Entity Name MARINE LUMBER & PLYWOOD, LLC



FILED Jan 10, 2008 8:00 am Secretary of State

01-10-2008 90019 014 ***143.75

Principal Plac	e of Business	Mailing Address		1			
240 SW 30TH STREET Fort Lauderdale, FL 33315		240 SW 30TH STREET Fort Lauderdale, FL 33315					
				 		191 1919 (BUT) 6 471 (1	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 240 SW 30TH ST.					
Suite, Apt. #, etc.		Suite, Apt. #, etc. BAY # 4		01062008 C	chg-LLC CR	2E083 (12/06)	
City & State		City & State FT LAUD	FT LAUD 3		73667	<u> </u>	plied For t Applicable
Zip	Country	33315	Country Beowsen	5. Certificate of St	atus Desired	\$5.00 Add Fee Required	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Add	ress of New Registe	red Agent	
	, PETER B			(P.O. Box Number is	Not Acceptable)		
)TH STREET JDERDALE, FL 33315			(F.O. DOX NOTICE IS:	——————————————————————————————————————		
			City			□	
& The shove	named entity submits this statement for	or the purpose of changing its		ered agent or both in		<u> </u>	
	ions of registered agent.	or the purpose of changing in	s registered unice or registe	sieu agent, or both, in	the state of Florida.	an jarilla will,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and trie if applicable. (NO	TE: Registered Agent signature require	ed when reinstating)	D.	ATE	
					55.14	11.4-	
	! NOW!!!	5				ck payable to artment of State	•
9.	MANAGING MEMBI	ERS/MANAGERS	10.		ADDITIONS/CHAN	GES	
TIFLE NAME	MGR MCINTIRE, PETER B	☐ Delete	TITLE .			☐ Change	☐ Addition
STREET ADDRESS	240 SW 30TH STREET		STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315		CITY-ST-ZIP	<u>, </u>		(7) (1)	
TITLE NAME		☐ Delete	, TITLE NAME			Change	Addition
STREET ADDRESS City-St-Zip			STREET ADDRESS CITY-ST-ZIP				
TITLE	·	☐ Delete	TITLE			☐ Change	☐ Addition
NAME		_ 4,	NAME			•	
STREET ADDRESS CITY-ST-ZIP	•		STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME Street address			NAME Street address				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE Name		Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP	77.			
TITLE NAME		Oelete	TIFLE NAME			Change	☐ Addition
STREET ADDRESS			STREET ADDRESS]
CITY-ST-ZIP			CITY-ST-ZIP		· · ·		
11. I hereby indicated	certify that the information supplies with lon this report is true and accurate and billity company or the eceiver or truste	that the my signature shall have	or the exemptions contained the same legal effect as if	d in Chapter 119, Flori made under oath, tha	da Statutes. I further out I am a managing m	pertify that the info ember or manage	rmation or of the
I imited lia	ability company or the receiver or trible	empowered torexecute the	s report as required by Cha	ipier bus, Florida Statu	/	707	
SIGNAT	TURE///	/ ju V		1/7/	08 7	61-8	676
SIGNAL	BIGHANDRE AND TYPED OR PRINTED NAME	OF BIGNING MANAGING MEMBER, MA	ANAGER, OR AUTHORIZED REPRE	SENTATIVE /	Date	Daytime Phone #	