

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90104 012 ***138.75

DOCUMENT # L07000113821

1. Entity Name

EYACHTCHARTER LLC



Principal Place of Business

1810 S.E. 7TH STREET
POMPANO BEACH FL 33060

Mailing Address

1810 S.E. 7TH STREET
POMPANO BEACH FL 33060



2. Principal Place of Business - No P.O. Box #

2434 SE 14th STREET

Suite, Apt. #, etc.

3. Mailing Address

2434 SE 14th STREET

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State
Pompano Beach, FL

Zip

33062

Country

United States

City & State
Pompano Beach, FL

Zip

33062

Country

United States

4. FEI Number

42-1745641

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEFRIES, SHANNON C
1810 S.E. 7TH STREET
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name

DeFries, Shannon C.

Street Address (P.O. Box Number is Not Acceptable)

2434 SE 14th STREET

City

Pompano Beach

FL

Zip Code

33062

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

Shannon C. DeFries

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

(NOTE: Registered Agent signature required when reappointing)

DATE

4/20/2008

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

TITLE MGR ☐ Delete
NAME DEFRIES, SHANNON C
STREET ADDRESS 1810 S.E. 7TH STREET
CITY- ST- ZIP POMPANO BEACH FL 33060

TITLE MGR ☐ Delete
NAME RHODES, JASON D
STREET ADDRESS 1810 S.E. 7TH STREET
CITY- ST- ZIP POMPANO BEACH FL 33060

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 MGR ☒ Change ☐ Addition
NAME DeFries, Shannon C.
STREET ADDRESS 2434 SE 14th STREET
CITY- ST- ZIP Pompano Beach, FL 33062

TITLE MGR ☒ Change ☐ Addition
NAME DeFries, Shannon C.
STREET ADDRESS 2434 SE 14th STREET
CITY- ST- ZIP Pompano Beach, FL 33062

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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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 Section 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 888, Florida Statutes.

SIGNATURE:

Shannon C. DeFries

Shannon C. DeFries

4/20/08 954-366-4838

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

Date

Daytime Phone #