

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000114314

Entity Name: WEST INDIES SHIPPING, LLC

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4127 5TH AVENUE NORTH  
ST. PETERSBURG, FL 33713

**New Principal Place of Business:**

**Current Mailing Address:**

4127 5TH AVENUE NORTH  
ST. PETERSBURG, FL 33713

**New Mailing Address:**

FEI Number: 26-1676457

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FAULKNER, RAYMOND T  
4127 5TH AVENUE NORTH  
ST. PETERSBURG, FL 33713 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: D  
Name: TIBBETTS, MICHAEL D  
Address: 4127 5TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33713 US

Title: D  
Name: ALLENBACH, EMILY T  
Address: 4127 5TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33713 US

Title: D  
Name: TIBBETTS, JESSICA L  
Address: 4127 5TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33713 US

Title: P  
Name: FAULKNER, RAYMOND T  
Address: 4127 5TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33713 US

I hereby 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: RAYMOND T FAULKNER

PRES

04/19/2011

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