2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 03, 2009
Secretary of State

DOCUMENT# L08000004232

Entity Name: TARPON MARINE DETAILING, LLC

Current Principal Place of Business:

2431 S.E. UNIVERSITY TERRACE
PORT ST. LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

2431 S.E. UNIVERSITY TERRACE
PORT ST. LUCIE, FL 34952 US

New Mailing Address:

FEI Number: 26-1771107 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NAVY, CARMEN Y
8753 S.E. JARDIN ST.
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

KIRCHNER, BRIAN H
2431 SE UNIVERISTY TERRACE
POR ST. LUCIE, FL 34952 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: BRIAN H. KIRCHNER 12/03/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KIRCHNER, BRIAN H
Address: 2431 S.E. UNIVERSITY TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: KIRCHNER, DESIREE' L
Address: 2431 SE UNIVERISTY TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34952 US

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: BRIAN H. KIRCHNER MGRM 12/03/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date