

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000048872

Entity Name: S AND M BOATING LLC

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

3245 SOUTH ATLANTIC AVE
UNIT 1102
DAYTONA BEACH, FL 32118

New Principal Place of Business:

Current Mailing Address:

3245 SOUTH ATLANTIC AVE
UNIT 1102
DAYTONA BEACH, FL 32118

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, BRIDGET D
3245 SOUTH ATLANTIC AVE
UNIT 1102
DAYTONA BEACH, FL 32118 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: MGRM () Delete
Name: MARTIN, ROBERT J
Address: 3245 SOUTH ATLANTIC AVE UNIT 1102
City-St-Zip: DAYTONA BEACH, FL 32118 US

Title: MGRM () Delete
Name: BRAD, SARGEANT
Address: 240 OAK DRIVE
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: MGRM () Delete
Name: MARTIN, BRIDGET D
Address: 3245 SOUTH ATLANTIC AVE UNIT 1102
City-St-Zip: DAYTONA BEACH, FL 32118 US

ADDITIONS/CHANGES:

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

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

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

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: BRIDGET MARTIN

MRS

01/08/2009

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