

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000070824

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** ADVANCED BOAT REPAIR LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

4505 CAMBERLY STREET  
COCOA, FL 32927

**New Principal Place of Business:**

130 GRIFFIN ROAD  
COCOA, FL 32926

**Current Mailing Address:**

4505 CAMBERLY STREET  
COCOA, FL 32927

**New Mailing Address:**

**FEI Number:** 26-3027878

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SULLIVAN, SHELDON L JR  
4505 CAMBERLY STREET  
COCOA, FL 32927 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: MGR  
Name: SULLIVAN, SHELDON L JR  
Address: 4505 CAMBERLY STREET  
City-St-Zip: COCOA, FL 32927

Title: MGRM  
Name: HAMMONS, MARK L  
Address: 6477 CABLE AVENUE  
City-St-Zip: COCOA, FL 32927

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: SHELDON L. SULLIVAN JR.

MGR

02/15/2011

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