

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000076722

FILED
Sep 16, 2009
Secretary of State

Entity Name: POSEIDON MARINE SERVICES LLC

Current Principal Place of Business:

1121 S MILITARY TRAIL
#183
DEERFIELD BEACH, FL 33442 US

New Principal Place of Business:

Current Mailing Address:

1121 S MILITARY TRAIL
#183
DEERFIELD BEACH, FL 33442 US

New Mailing Address:

FEI Number: 26-3158613 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:

Name and Address of New Registered Agent:

ACCOUNTING DEPT OF THE SOUTHEAST INC
2400 W CYPRESS CREEK RD
210
FT LAUDERDALE, FL 33309 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CLASS, LYNETTE
Address: 43 COLUMBIA CT
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: MGRM () Delete
Name: UCROS, MAURICIO
Address: 43 COLUMBIA CT
City-St-Zip: DEERFIELD BEACH, FL 33442 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CLASS, LYNETTE
Address: 43 COLUMBIA CT
City-St-Zip: DEERFIELD BEACH, FL 33442 US

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: LYNETTE CLASS

MGRM

09/16/2009

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