

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000093136

FILED
Jul 01, 2009
Secretary of State

Entity Name: AAA YACHTFINDERS INTERNATIONAL FLORIDA, LLC

Current Principal Place of Business:

2415 T AVENUE SUITE 3
ANACORTES, WA 98221

New Principal Place of Business:

2208 IDLEWILD RD.
SUITE 2208
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

2415 T AVENUE SUITE 3
ANACORTES, WA 98221

New Mailing Address:

FEI Number: 26-3997521 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:

BUSH ROSS REGISTERED AGENT SERVICES, LLC
1801 N. HIGHLAND AVE.
TAMPA, FL 33602 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: () Delete
Name:
Address:
City-St-Zip:

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: DURKSEN, FRANK SR.
Address: 2208 IDLEWILD RD., SUITE 2208
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGRM () Change (X) Addition
Name: KNIGHT, JAMES
Address: 2208 IDLEWILD RD., SUITE 2208
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: FRANK DURKSEN, SR.

MGRM

07/01/2009

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