

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000095789

FILED
Feb 13, 2009
Secretary of State

Entity Name: SERVICE NET MARINE SOLUTIONS OF FLORIDA, LLC

Current Principal Place of Business:

650 MISSOURI AVENUE
JEFFERSONVILLE, IN 47130 US

New Principal Place of Business:

Current Mailing Address:

650 MISSOURI AVENUE
JEFFERSONVILLE, IN 47130 US

New Mailing Address:

FEI Number: 26-3564140 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 () Delete
Name: MOSTOFI, JAMES E
Address: 2406 GLENVIEW AVENUE
City-St-Zip: LOUISVILLE, KY 40222 US

Title: MGR () Delete
Name: CALLAHAN, KEVIN M
Address: 9904 GLEN VISTA DRIVE
City-St-Zip: PROSPECT, KY 40059

ADDITIONS/CHANGES:

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: JAMES E. MOSTOFI

CFO

02/13/2009

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