

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000039115

**Entity Name:** CHUB TAMPA MARINE

**FILED**  
**Oct 02, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5026 W SAN MIGUEL STEET  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

5026 W SAN MIGUEL STEET  
TAMPA, FL 33629

**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:**

ESCOBAR, PAMELA F  
5026 W SAN MIGUEL STEET  
TAMPA, FL 33629 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: PAMELA ESCOBAR

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: ESCOBAR, PAMELA F  
Address: 5026 W SAN MIGUEL  
City-St-Zip: TAMPA, FL 33629

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: PAMELA ESCOBAR

PRES

10/02/2012

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