

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000084136

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** WEST COAST MARINE REPAIR & SALVAGE, LLC

**Current Principal Place of Business:**

1 S.W. 1ST PLACE  
CRYSTAL RIVER, FL 34429

**New Principal Place of Business:**

**Current Mailing Address:**

1 S.W. 1ST PLACE  
CRYSTAL RIVER, FL 34429

**New Mailing Address:**

**FEI Number:** 27-0850811

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAROLYN, KORDECKI A  
10301 ORANGE GROVE DRIVE  
TAMPA, FL 33618 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:** MGRM  
**Name:** KORDECKI, JOSEPH L  
**Address:** 1 S. W. 1ST PLACE  
**City-St-Zip:** CRYSTAL RIVER, FL 34429

**Title:** MGR  
**Name:** KORDECKI, CAROLYN A  
**Address:** 10301 ORANGE GROVE DRIVE  
**City-St-Zip:** TAMPA, FL 33618

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:** JOSEPH L. KORDECKI

MR.

04/28/2010

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