

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000093884

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** NEAPOLITAN YACHT SERVICES LLC

**Current Principal Place of Business:**

160 4TH STREET  
NAPLES, FL 34113

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1195  
NAPLES, FL 34106

**New Mailing Address:**

**FEI Number:** 45-3183133

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DURKIN, MICHELE  
160 4TH STREET  
NAPLES, FL 34113 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  
**Name:** DURKIN, MICHELE  
**Address:** PO BOX 1195  
**City-St-Zip:** NAPLES, FL 34106

**Title:** MGR  
**Name:** DURKIN, MIKE  
**Address:** PO BOX 1195  
**City-St-Zip:** NAPLES, FL 34106

**Title:** MGRM  
**Name:** CCM BOAT CARE, INC.  
**Address:** 6800 BOTTLE BRUSH LN  
**City-St-Zip:** NAPLES, FL 34109

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:** MICHELE DURKIN

MGR

01/05/2012

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