File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 30 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE	Annual Report $100.00 + $68.75 Corporation Supplemental Fee
$ 168.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L97000000903

NULTI SPECIALTY MARINE SERVICES, LLC.
801 SEABRREZE BLVD., BAHIA MAR,
MARINA TOWER, 2ND FL. % GEORGE J. SHULL & Assoc
FT. LAUDERDALE FL 33316

1a. Principal Place of Business address
% George J. Shull + Assoc.
801 SEABREEZE BLVD., BAHIA M
MARINA TOWER, 2ND FL.
FT. LAUDERDALE FL 33316

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	08/15/1997	FL
City & State	City & State	4. FEI Number 59-3000000 APPLIED FOR	☐ Applied For ☐ Not Applicable
Zip / Country	Zip / Country	5. Date of Last Report 03/25/1998	6. Certificate of Status Desired ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
RAYES, WARREN D SR. 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

9. Pursuant to the provisions of Sections 608.415 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (BOTH Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	ALLEN, KATHLEEN	801 SEABREEZE BOULEVARD, E	FORT LAUDERDALE FL

04/15/99 01009-003
****188.75 ****188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Kathleen Allen Shull Kathleen Allen Shull 2-24-99
(ENTER NAME AND TITLE OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER) Date Daytime Phone #

INHSE10 R (12-98)

(919) 942-9750