

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Feb 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000009309**

1. Entity Name

MIKE'S MARINE SUPPLY, L.C.



Principal Place of Business

1296 COASTAL HWY 98 SOUTH  
CRAWFORDVILLE FL 32327

Mailing Address

P.O. BOX 429  
PANACEA FL 32346

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

59-3618094

☐ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FALK, MICHAEL H  
198 BOTTOMS ROAD, BOX 315  
PANACEA FL 32346

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

U00000414717  
02/11/06-80048-009 50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME FALK, MICHAEL H  
STREET ADDRESS 5503 COASTAL HWY  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME FALK, MICHAEL  
STREET ADDRESS 198 BOTTOMS RD., P.O. BOX 315  
CITY-ST-ZIP PANACEA FL 32346

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this 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.

**SIGNATURE:**

*Michael H. Falk Jr.* Michael H. FALK JR. 1-30-06 850 984 5663  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #