

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L99000009309

1. Entity Name

MIKE'S MARINE SUPPLY, L.C.



FILED
Jan 31, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

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 file if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
NAME U000000612948
STREET ADDRESS 02/05/07-80008-025 50.00
CITY-STATE-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-29-07 850 984-5637