

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000009309

**FILED**  
**Jun 13, 2011**  
**Secretary of State**

**Entity Name:** MIKE'S MARINE SUPPLY, L.C.

**Current Principal Place of Business:**

1296 COASTAL HWY 98 SOUTH  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

1296 COASTAL HWY  
PANACEA, FL 32346

**Current Mailing Address:**

P.O. BOX 429  
PANACEA, FL 32346

**New Mailing Address:**

**FEI Number:** 59-3618094

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FALK, MICHAEL H  
198 BOTTOMS ROAD, BOX 315  
PANACEA, FL 32346 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: FALK, MICHAEL H  
Address: 5503 COASTAL HWY  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGR  
Name: FALK, MICHAEL  
Address: 198 BOTTOMS RD., P.O. BOX 315  
City-St-Zip: PANACEA, FL 32346

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: MICHAEL H FALK

MGR

06/13/2011

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