

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90053 041 \*\*\*\*50.00

**DOCUMENT # M03000002843**

1. Entity Name  
W-C VESSELS, LLC



Principal Place of Business **647 EAST DANIA BEACH BLVD** Mailing Address  
**3408 DOVER ROAD** **3408 DOVER ROAD**  
**POMPANO BEACH, FL 33062** **DANIA FL** **POMPANO BEACH, FL 33062**

**33478 Same**

**20051308**



02282005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**43-2011530**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BINGHAMO, J. REID  
100 S.E. 2ND STREET, SUITE 3600  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
WEISBERG, ROBERT I  
41 WEST SHORE ROAD  
S, CA 94920

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
~~MGR  
CRIVELLO, FRANK P  
3408 DOVER ROAD  
POMPANO BEACH, FL 33062~~

*Delete*

TITLE  
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CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I 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 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #